The Image Management System (TIMS) Clerk Training and Performance Support System



Module 2 Lesson 1 – Active Posttest Variant October 15, 2008

List of Effective Pages

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Number			Effect		
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Record of Changes

Version and Change Number	Date	Description



MONTHLY CERTIFICATION OF FLIGHT TRAINING

PRIVACY ACT INFORMATION: No benefit payments may be authorized to a student pursuing a program of flight training unless this form is completed and submitted to VA as required by law (38 U.S.C. 3680(g)). The information submitted on this form will be used to determine your eligibility to receive payments and to compute the amount to be paid. The responses you submit are considered confidential. (38 U.S.C. 5701) They may disclosed outside the Department of Veterans Affairs (VA) only if the disclosure is authorized by the Privacy Act, including the routine uses identified in the VA system of records, 58VA21722. Compensation Pension, Education and Rehabilitation Records VA, published in the Federal Register. Information submitted is subject to verification through computer matching programs with other agencies.

RESPONDENT BURDEN: VA may not conduct or sponsor and respondent is not required to respond to this collection of information unless it displays a valid OMB Control number. Public reporting burden for this collection of information is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have comments regarding this burden estimate or any other aspects of this collection of information, call 1-888-442-4551 for mailing information on where to send your comments.

where to send your comments							
IMPORTANT: Read instruction							
I. FIRST - MIDDLE - LAST NAME	OF STUDENT	2. FILE NUMBER		3. REPORT	ING PERIOD		
Emily Mary Morto	on	000 00 000		8-15-01	B. ENDING DATE 08-030-01		
ADDRESS OF STUDENT (Con	ED OR TERMINATED DURING ATE (State reason in Item 12)						
				ME OF CURRENT COURS	E		
-	ELICUTINGTE INTON	FURNISHED FOR OUR	The second secon	ulti Egine Land	0P		
A. TYPE OF IN				RING REPORTING PERI	E. AMOUNT		
Dual Dual Ground	ECEIVED SEC 05, 2007 SO, MAIL ACTIVITY ATLANTA, GA	B. HORSE POWER C. HOURS D. RATE		\$186.00 639.60 8.50 19.80			
8A. COST TO STUDENT FO	\$853.90						
8B. STATE AND LOCAL SALES TAXES (If applicable)							
8C. TOTAL COST TO STUDENT THIS REPORTING PERIOD							
9. TOTAL COST TO STUDENT FOR THIS COURSE THROUGH END OF REPORTING PERIOD							
	10. SUMMARY OF TOT	AL HOURS IN COURS	E THROUGH END O	F REPORTING PERIOD			
TYPE OF INSTRUCTION	MAXIMUM APPROVED	HOURS GIVEN TO DATE	TYPE OF INSTRUCTION MAXIMUM APPROVED		HOURS GIVEN TO DATE		
A. DUAL	15	5.30	D. GROUND	15	.50		
B. SOLO			E. OTHER				
C. PRE-FLIGHT AND POST FLIGHT	3.75	1.10	1				
11A. CLASS OF MEDICAL CERTIFICATE HELD BY STUDENT ON DATE THIS FLIGHT COURSE BEGAN 2nd class 07-25-01							
2. REMARKS (Indicate any sub-			ct.	•			
13A. SIGNATURE OF STUDENT 13B. DATE SIGNED 14A. SIGNATURE OF SCHOOL CERTIFYING OFFICIAL							
Emily M. Morton 09-05-01 Jack Wallace 09					09-07-01		
15. NAME AND ADDRESS OF FLIGHT SCHOOL (Include facility code) 16. VA OFFICE HAVING STUDENT'S RECORDS							
S. HANE AND ADDRESS OF TE	GHT SCHOOL (Include facili	ity code)	10. VA OFFICE TIAVING	STODENT S RECORDS			

TIMS Clerk M2L1PTV Claimants Orderno 001_1 For Training Purposes Only V01 Case: APPENDIX B Orderno: 001 For Training Purposes Only. Date Rec'd:

Department of Veterans Affairs APPLICATION FOR VA EDUCATION BENEFITS (See attached Information and Instructions)							
INTERNET VERSION AVAILABLE - You may complete and send your application over the Internet at: www.gibill.va.gov							
INTERNET VERSION AV	The second second second second second second second	The same of the sa	ANT AND BENEFIT INFORMAT	The second secon			
			nts Must Complete This Part)				
1A. NAME OF APPLICANT (First,				VA DATI			
Annie Tasha Wa				(Do Not Write RE	In This Space) CCEIVED		
1B. SOCIAL SECURITY NUMBER 000-00-0065	R OF APPLICANT		NUMBER (If previously assigned) 00 0065	DE	C 05, 2007		
2A. APPLICANT'S ADDRESS (No digit ZIP code if known)	umber, street or rural route, o	city or P.O., S	tate and ZIP Code) (Please provide 9	VARO.	MAIL ACTIVITY		
1432 Franklin S	treet			AT	LANTA, GA		
Montgomey, AL	36104				4		
2B. SEX OF APPLICANT	2C. APPLICANT'S DATE O	OF BIRTH	2D. APPLICANT'S E-MAIL ADDRESS				
25. GEN OF THE FEMALE.	LO. THE COMMENT OF STREET	JI GIITTI	25. All Elorati o Elimite Aboltado	3. APPLICANT'S TE (Include A			
	North American crack			A. DAY	B. EVENING		
☐MALE ☐FEMALE	11-05-68		wallace320@yahoo.com		334-76501418		
4. DESCRIPTION OF VA ED	UCATION PROGRAMS	(Check (🗸) the box next to each benefit you wish t	o apply for)			
A. MONTGOMERY GI BII currently serving on active	LL EDUCATIONAL ASSI duty, you may be eligible	STANCE PI	ROGRAM (title 38, U. S. C., chapter 30). this benefit. Check the box to the right if y	If you served or are you:			
 entered active duty for 	the first time after June 3	0, 1985, OF	2				
 were eligible to receive December 31, 1989, O 		ducational	Assistance (title 38, U.S.C., chapter 34) b	enefits on	LX		
 were discharged under 	one of the qualifying sep	paration prog	grams shown in the instructions, OR				
 were a participant unde as VEAP (title 38, U.S.) in the instructions. 	were a participant under the Post-Vietnam Era Veterans' Educational Assistance program commonly referred to as VEAP (title 38, U.S.C., chapter 32) and elected this benefit during one of the open window periods shown						
B. MONTGOMERY GI BII 1606). This benefit is base to the right if you had at lea							
(NOTE: Department of Defense (DoD) determines eligibility for this program)							
C. RESERVE EDUCATIO called to active duty to sup contingency or other speci							
(NOT	E: Department of Defens	e (DoD) det	ermines eligibility for this program)				
			TANCE PROGRAM commonly referred (2). Check the box to the right if you:	to as VEAP,			
 served on active duty a 	t any time from January	1, 1977 thro	ugh June 30, 1985, AND				
either contributed funds or had your service branch make contributions for you.							
E. NATIONAL CALL TO SERVICE PROGRAM (title 10, U.S.C., chapter 31, section 510). Check the box to the right if you:							
	,			ox to trie right if you:			
entered on or after October 1, 2003 under the National Call to Service program, AND selected one of the education incentives provided by that program							
Check this box to the right only if you've selected one of the two Educational Allowance Incentive options.							
(If you checked this box, be sure to complete Part IV)							
F. THE "TRANSFER OF E if you:							
 are a spouse or child of (chapter 30), AND 	f a person who qualified f	for the Mont	gomery GI Bill Educational Assistance Pr	ogram			
believe that your parent	t or spouse transferred e	ntitlement to	you				
	(If you checked this	box, be sur	e to complete Part V)				

22-1990 SUPERSEDES VA FORM 22-1990, SEP 2003, WHICH WILL NOT BE USED.

Clerk M2L1PTV Claimants Orderno:002_1.1 For Training Purposes Only V01

5. DIRECT DEPOSIT INFORMATION Please send a voided personal check or provide the following information. Direct Deposit is not available for the Post-Vietnam Era Veterans' Educational Assistance Program (Chapter 32) A. TYPE OF ACCOUNT CHECKING
CHECKING SAVINGS IDO NOT HAVE AN ACCOUNT B. NAME OF FINANCIAL INSTITUTION C. 9 DIGIT ROUTING OR TRANSIT NUMBER D. ACCOUNT NUMBER 677543221 515626
B. NAME OF FINANCIAL INSTITUTION C. 9 DIGIT ROUTING OR TRANSIT NUMBER Alabama Bank 677543221 515626
Alabama Bank 677543221 515626
010020
6 TYPE OF VA FOLICATION RENEFITS PREVIOUSLY APPLIED FOR 2 (Check all applicable boxes)
A. VETERAN'S EDUCATION BENEFITS (Any of the VA benefits shown B. PREVIOUS VETERAN'S EDUCATION BENEFITS
in Item 4) (Specify benefit) (Specify benefit)
C. VOCATIONAL REHABILITATION BENEFITS (Chapter 31) D. DEPENDENTS' EDUCATIONAL ASSISTANCE BENEFITS (Chapter 35) (Complete Items 7A and 7B)
E. OTHER (Specify benefit) F. NONE
NOTE - COMPLETE ITEMS 7A AND 7B ONLY IF YOU CHECKED ITEM 6D
7A. NAME OF PARENT/SPOUSE (See Instructions) 7B. FILE NUMBER OF PARENT/SPOUSE (See Instructions)
8. HAVE YOU RECEIVED AN INFORMATION PAMPHLET EXPLAINING THE EDUCATION BENEFIT OR BENEFITS YOU ARE APPLYING FOR? (See Instructions) YES NO
9. PROGRAM OF EDUCATION OR TRAINING
A. DO YOU KNOW YOUR EDUCATIONAL OR CAREER GOAL? (If you know this goal, please specify. If you do not know your goal, check "No" then skip to Item 9C.)
☐ YES XNO
B. HAVE YOU SELECTED A SPECIFIC PROGRAM OF EDUCATION?
YES NO (If "Yes," list below each diploma, vocational course, job training program, or test you need to reach your educational or career goal that you indicated in Item 9A). If you have not selected a program, leave this item blank.)
C. EDUCATION OR TRAINING WILL BE BY (Check more than one if necessary) COLLEGE OR OTHER SCHOOL CORRESPONDENCE COURSE TUITION ASSISTANCE TOP-UP
☐ I SEEK REIMBURSEMENT FOR A LICENSING ☐ APPRENTICESHIP OR ON-THE-JOB
OR CERTIFICATION TEST TRAINING NATIONAL ADMISSIONS EXAMS OR VOCATIONAL FLIGHT TRAINING
D. HAVE YOU SELECTED YOUR SCHOOL OR TRAINING ESTABLISHMENT? [E. Complete Name and Address of School (Complete
☐ YES ☑ NO street address, city, state and ZIP code)
(If you have selected a school, check "Yes," and specify its complete name and
mailing address. If you have not selected a school, check "No.") If you are applying for reimbursement of test fees, don't answer this question. Skip to Item
10.)
F. DO YOU KNOW THE DATE YOU WILL BEGIN YOUR SCHOOLING OR TRAINING? G. Date (Month, Year) of anticipated beginning school or
□ vee □ vo training
LI TES AJ NO
(If you do know this date, check "Yes." Specify this date in Item 9G. If you do not know this date check "No.")
(If you do know this date, check "Yes." Specify this date in Item 9G. If you do not know

PAGE 2 OF 6

NOTE - COMPLETE ONLY IF YOU ARE A CIVILIAN EMPLOYEE OF THE U.S. GOVERNMENT									
If you are on active military duty, skip question 10.									
10. DO YOU EXPECT TO RECEIVE FUNDS FROM SAME COURSE(S) FOR WHICH YOU EXPECT TO	YOUR A					Source o	of educational assist	ance fro	om government employment:
☐YES ☑NO (If "Yes," show the source	of these	funds)			•				
NOTE - COMPLETE ITEM 11 ONLY IF YOU AR	E ON AC	CTIVE DU	TY						
11. ARE YOU RECEIVING, OR DO YOU ANTICIPA not limited to Federal Tuition Assistance) FROM TH SERVICE FOR THE COURSE FOR WHICH YOU H BENEFITS? IF YOU WILL RECEIVE SUCH BENEF DETAILS INCLUDING THE SOURCE OF THE FUN TUITION ASSISTANCE TOP-UP, CHECK "NO"	TE RECI E ARMEI IAVE API ITS, CHE	EIVING, AI D FORCES PLIED TO ECK "YES"	NY MONEY S OR PUBL VA FOR ED AND GIVE	IC HEALT DUCATION COMPLE	H N TE	Details of	of educational assist	tance fro	om the military:
□YES ☑NO									
	12	FDLICAT	ION AND	EMPLO	YMENT INF	ORMAT	ION		
A. DID YOU GRADUATE FROM HIGH SCHOOL? (graduated next to "Yes," and skip to Item 12C. If "No,"	If "Yes," w	write the dat		B. IF YOU HIGH S	U DID NOT O	RADUAT	E FROM HIGH SCH	(If "Yes,	" write the date you completed
X YES Date 05-21-1990] _{NO}				YES D	ate			lno
C. EDUCATION AFTER HIGH SCHO	OOL (INC	LUDE ALL	APPRENT	ICESHIP,	ON-THE-JO	B TRAINI	NG, AND FLIGHT T	RAINING	3) (See Instructions)
NAME AND LOCATION OF COLLEGE OR OTHE TRAINING PROVIDER (Include City and State)	R		F TRAINING	QU	BER OF SEN	CLOCK	DEGREE, DIPLO OR CERTIFICA RECEIVED	ATE .	MAJOR FIELD OR COURSE OF STUDY
	+	FROM	то	+					
	\perp								
D. DO YOU HOLD ANY FAA FLIGHT CERTIFICATE	S? (If "Y	'es," list eac	h	\top					
certificate)			١	-					
☐YES XINO				\vdash					
	EMP	PLOYMEN	IT (Comple	ete ONLY	if you servea	l in the m	ilitary)		
EMPLOYMENT			IPAL OCCU			NUMBE	R OF MONTHS OCCUPATION		LICENSE OR RATING
E. Before Entering Military Service	Assistant Manager								
F. After Leaving Military Service	r Leaving Military Service Automobile Sals					26			
PART II - SERVICE INFORMATION (All applicants must complete this part)									
13. ACTIVE DUTY INFORMATION A. ARE YOU NOW ON ACTIVE DUTY OR FULL-TIME NATIONAL GUARD DUTY? (Send us a copy of your orders, if authority for full-time National Guard duty is									
title 32, U.S.C.) ☐ YES ☐ NO									
B. ARE YOU NOW ON TERMINAL LEAVE BEFORE DISCHARGE? (If yes, please provide the date you began your terminal leave) YES NO									
Date leave began:				Date o	f expected d	ischarge:			

PAGE 3 OF 6

		14. INFORMATION ABOUT Y	YOUR REDIONS OF AC	TIVE DI ITY				
Disace complete Items	14A through 14f for eaci	h period of your active duty. It wi			a copy of your F	ND 214 (copy 4) for		
	-	Active Duty for Training)	ii neip v A process your er	alhi ii you sena a	1 copy or your D	D 214 (copy 4) 101		
A. DATE ENTERED ACTIVE DUTY	B. DATE SEPARATED FROM ACTIVE DUTY	C. BRANCH OF SERVICE OR RESERVE OR GUARD COMPONENT	D. CHARACTER OF DISCHARGE	INVOLUNTARII ACTIVE DUT PERIOD? (If "Ye of your	RE YOU LY CALLED TO TY FOR THIS es," send copies orders)	F. IF THIS ACTIVE DUTY IS NATIONAL GUARD DUTY, INDICATE IF AUTHORITY IS TITLE 10 (Federal) OR TITLE 32 (State). (Send copies of any		
				YES	NO	orders)		
09-21-91	09-25-97	Army	Honorable		X	N/A		
 Full time assig civilians; Attendance at a 	a service academy; or time - (time lost beca	s, any periods of active duty v partment to a civilian school f ause of industrial or agricultura	for a course of education					
	E ANY PERIODS OF RE	SERVE OR NATIONAL GUARD S						
Птез Жио		formation about this service in Ite			DUTA			
	16. PERIODS OF RESERVE OR NATIONAL GUARD SERVICE (NOT ACTIVE DUTY) A. ARE YOU NOW IN THE RESERVE OR NATIONAL GUARD?							
YES NO	201 for 1000 1000 f							
• Place "SR" in Item • Place "IRR" in Ite	em 16E for each period	of reserve service if you were it d of reserve service if you were d of reserve service if your were	e in the Individual Read	dy Reserve.				
B. DATE ENTERED RESERVE OR GUARD	C. DATE SEPARATED FROM RESERVE OR GUARD (If applicable)	D. RESERVE OR GU	JARD COMPONENT	E. RE	SERVE STATUS	(See abbreviations above)		
N/A								
F. DO YOU QUALIFY FOR A "KICKER" BASED ON YOUR RESERVE ENLISTMENT? ("Kickers" are amounts contributed by DoD to an education fund on behalf of individuals to encourage enlistment or retention in the Reserve or National Guard forces, usually in specialized areas.) (IF YOU QUALIFY FOR A RESERVE "KICKER," CHECK "YES." IT MAY HELP IF YOU SEND VA A COPY OF THE "KICKER" CONTRACT) YES NO								
G, COMPLETE ONLY IF PROGRAM, DOES TH subsistence allowance	HAT PROGRAM PAY FOR	OR CHAPTER 1606 (you checked I R YOUR TUITION, FEES, BOOKS	Item 4B). IF YOU ARE PAR AND SUPPLIES UNDER T	TICIPATING IN A	SECTION 2107?	SCHOLARSHIP (Do not include monthly		
YES NO								

PAGE 4 OF 6

PART III - MONTGOMERY GI BILL QUESTIONS (Complete this part only if you are applying for chapter 30 benefits)	efits)					
QUESTIONS	YES (🗸)	NO (V)				
17A. DID YOU MAKE ADDITIONAL CONTRIBUTIONS WHILE ON ACTIVE DUTY (Sometimes referred to as "Buy-up") TO INCREASE THE AMOUNT OF MONTHLY MGIB BENEFITS PAYABLE? (If you made any additional contributions, you must check "YES" and send us a copy of the receipt of lump sum contribution or a copy of your Leave and Earnings Statement showing these additional contributions.	Х	, ,				
17B. IF YOU SERVED A PERIOD OF ACTIVE DUTY THAT THE DEPARTMENT OF DEFENSE COUNTS FOR PURPOSES OF REPAYING AN EDUCATION LOAN, PLEASE SHOW THE DATES OF THAT PERIOD OF ACTIVE DUTY: From To		х				
17C. DO YOU HAVE A DoD CONTRACT TO RECEIVE A "KICKER"? (Some military services call this the "college fund." "Kickers" are amounts contributed by DoD to an education fund on behalf of individuals to encourage enlistment or retention in the Armed forces, usually in specialized areas. If you qualify for a "kicker", check "Yes." It may help if you send us a copy of your kicker contract.		х				
COMMISSIONED OFFICER QUESTIONS						
18A. DID YOU GRADUATE FROM A MILITARY SERVICE ACADEMY (e.g., West Point, Naval Academy, etc.)? (If "Yes," specify the month and year you graduated and received your commission) Graduation month and year:		X				
18B. WERE YOU COMMISSIONED AS THE RESULT OF PARTICIPATING IN A SENIOR ROTC (Reserve Officers Training Corps) SCHOLARSHIP PROGRAM? (If "Yes," show the date of your commission and the amount of your scholarship for each school year you were in the Senior ROTC program. Don't report your monthly subsistence allowance. If you received your commission through a Senior ROTC (non-scholarship) program, check "No.") Commission date: Scholarship Amounts:						
Year: Amount:						
Year: Amount:		X				
Year: Amount:						
Year: Amount:						
Year: Amount:						
MARITAL AND DEPENDENCY STATUS						
NOTE: COMPLETE THIS ITEM ONLY IF YOU CHECKED ITEM 4A AND HAVE MILITARY SERVICE JANUARY 1, 1977 (or delayed entry before January 2, 1978). See Instructions.	BEFORE					
QUESTIONS	YES	NO				
19A. ARE YOU CURRENTLY MARRIED?						
19B. DO YOU HAVE ANY CHILDREN WHO ARE:						
(1) UNDER AGE 18? OR						
(2) OVER 18 BUT UNDER AGE 23, NOT MARRIED AND ATTENDING SCHOOL? OR (3) OF ANY AGE AND PERMANENTLY INCAPABLE OF SELF-SUPPORT DUE TO MENTAL OR PHYSICAL DISABILITY?						
19C. IS EITHER YOUR FATHER OR MOTHER DEPENDENT UPON YOU FOR FINANCIAL SUPPORT?						
PART IV - NATIONAL CALL TO SERVICE QUESTIONS						
(Complete this part only if you are applying for this benefit) 20A. DID YOU SIGN AN ENLISTMENT CONTRACT WITH THE DEPARTMENT OF DEFENSE FOR THE NATIONAL CALL TO SE	DUIGE BROOKING					
ZUA: DID YOU SIGN AN ENLISTMENT CONTRACT WITH THE DEPARTMENT OF DEFENSE FOR THE NATIONAL CALL TO SE	RVICE PROGRAM?					
20B. DID YOU RECEIVE AN EDUCATIONAL ALLOWANCE INCENTIVE OPTION? (If "Yes," check the block in Item 20C that iden	tifies the option you rec	eived)				
YES NO						
20C. WHICH VA EDUCATIONAL ALLOWANCE INCENTIVE OPTION DID YOU ELECT? (Check only one block below)						
EDUCATIONAL ALLOWANCE OF UP TO 12 MONTHS OF MONTGOMERY GI BILL BENEFITS (3-year rate) EDUCATIONAL ALLOWANCE OF UP TO 36 MONTHS OF MONTGOMERY GI BILL BENEFITS (1/2 the 2-year rate)						
NOTE: National Call to Service applicants must furnish VA a copy of DD Form 2863 (National Ca Options). This form is needed to document your eligibility and to confirm your incentive option.	ll to Service (NCS	S), Election of				

TIMS Clerk M2L1PTV Claimant Orderno:002_1.5 For Training Purposes Only V01

PART V - TRANSFER OF ENTITLEMENT QUESTIONS (Complete this part only if you are applying for this benefit)						
NOTE: This benefit requires (1) that the veteran's branch of military service authorized the veteran to transfer MGIB entitlement to his or her dependents, and (2) the veteran, in writing, transferred his or her current education benefits to you (specifying you by name).						
IMPORTANT: Only a spouse, survivir	ng spouse, or child of a veteran who ha			this information.		
21A. WHAT IS YOUR RELATIONSHIP TO ☐ SPOUSE ☐ SURVIVING	_	HO TRANSFER	RED ENTITLEMENT TO YOU?			
	ationship as a spouse or child, have the	ne veteran com	plete and send us VA Form	21-686c. See Instructions.		
21B. VETERAN OR SERVICE MEMBER'S			21C. VETERAN OR SER	RVICE MEMBER'S SEX		
21D. ADDRESS OF VETERAN OR SERVICE	SE MEMBER WHO TRANSFERRED ENTIT	I EMENT TO VO	MALE FE	MALE		
216. ABBALOS G. VETERNIN ON GENTIN	Z HEHOEK III O HOHOL ENLED EN					
21E. VETERAN OR SERVICE MEMBER'S	DATE OF BIRTH	21F. VETERAN	N OR SERVICE MEMBER'S SOC	CIAL SECURITY NUMBER		
	EMPLOYMENT (IF N					
EMPLOYMENT	PRINCIPAL OCCUPATION	۱ ا	NUMBER OF MONTHS IN THAT OCCUPATION	LICENSE OR RATING		
21G. JOB 1 (Since leaving high school)						
21H. JOB 2 (Since leaving high school)						
P	ART VI - CERTIFICATION AN					
(All applicants must complete this part) I CERTIFY THAT all statements in my application are true and correct to the best of my knowledge and belief.						
PENALTY - Willful false statements as to a material fact in a claim for education benefits is a punishable offense and may result in the forfeiture of these or other benefits and in criminal penalties. 23A. FULL NAME OF APPLICANT (PRINTED)						
Annie Tasha Wallace 23B. SIGNATURE OF APPLICANT (Do NOT Print)) (Minor children must also have their parent or guardian sign in this item) 23C. DATE SIGNED						
SIGN HERE IN INK Annie Tasha Wallace						
PART VII - CERTIFICATION FOR APPLICANTS ON ACTIVE DUTY						
	plete this part only if you are currently	on active duty	v. This signature is not neede	d if you are on terminal leave)		
24A. SIGNATURE, TITLE AND BRANCH O	F SERVICE OF ARMED FORCES EDUCA	TION OFFICER		24B. DATE SIGNED		

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Date Rec'd:

Orderno: 002 For Training Purposes Only.

Case: APPENDIX B

Department of Vet	erans Affairs	APPEA	L TO BOARD	OF VET	ERAN	S' APPEALS
IMPORTANT: Read the attac representative in filling out this		before you fill o	t this form. VA also er	ncourages yo	ou to get as	sistance from your
1. NAME OF VETERAN (Last Name, First	Name, Middle Initial)		2. CLAIM FILE NO. (Include)	prefix)	3. INSURAN	CE FILE NO., OR LOAN NO.
Llarnas Lionel Salas			000 00 0067			
4. I AM THE: VETERAN VETE OTHER (Specify)	ERAN'S WIDOW/ER	☐ VETERAN	S CHILD VETER	RAN'S PARENT		
	NE NUMBERS		6. MY ADDRESS IS:			DEC
A. HOME (Include Area Code)	B. WORK (Include)	Area Code)	(Number & Street or Post Of)	fice Box, City, Sta	ste & ZIP Code;	RECEIVED
770-454-1300			2269 Hansfan La			DEC 05, 2007
7. IF I AM NOT THE VETERAN, MY NAN (Last Name, First Name, Middle Initial)	ME IS:		Rosewell, GA 300	J/6	\	ARO, MAIL ACTIVITY ATLANTA, GA 4
A. I DO NOT WANT A BVA HE B. I WANT A BVA HEARING I C. I WANT A BVA HEARING I (Not available at Washington, 9. THESE ARE THE ISSUES I WANT TO A. I WANT TO APPEAL ALL OF THE LOCAL VA OFFICE SENT TO ME B. I HAVE READ THE STATEMENT (List below.) Kicker should be added	N WASHINGTON, DO AT A LOCAL VA OFFI DC, or Baltimore, MD. APPEAL TO THE BV SISSUES LISTED ON THE CASE AND A	CE BEFORE A MEN Regional Offices.) (A: (Be sure to read th THE STATEMENT) ANY SUPPLEMENT)	OF THE CASE AND ANY SUF	paragraph 6 of th	STATEMENTS	OF THE CASE THAT MY
10. HERE IS WHY I THINK THAT VA DE	CIDED MY CASE INC	CORRECTLY: (Be sm	e to read the information about t	his block in para;	graph 6 of the a	ttached instructions.)
	(Continue o	m the back, or attach s	wets of paper, if you need more s	pace.)		
11. SIGNATURE OF PERSON MAKING	THIS APPEAL 1	12. DATE	13. SIGNATURE OF APPOI (Not required if signed by a			

VA FORM
TIMS OF TRAINING Purposes Only V01
Case: APPENDIX B Orderno: 003 For Training Purposes Only V01

10-15-2007

Llarnas L. Salas

1. PLACE OF BIRTH a. COUNTY Orange b. CITY (if outside corporate limite, write RURAL) CODE NC. OR TOWN Orlando c. FULL NAME of effort in hospitul or insetudion, give effort education of the Name of	STATE BOAR BUREAU OF			CERTIF	ICA	I E OF BIRI	BIRTH NO.	003372 R'S NO.		
b. CITY (if subside corporate limits, write RURAL) OR TOWN OViedo e. FULL NAME OF 6f Not in hospital or institution, give streed address or losetion) HOSPITAL OR Orlando Regional Hospital 3. CHILD'S NAME A. (First) Janice G. Wilson 4. SEX 5a. THIS BIRTH SINGLE X IWIN IR IPLE 151 2ND 3RD BIRTH 10 20 61 FATHER OF CHILD 7. FULL NAME A. (First) D. (Middle) C. (Last) Wilson FATHER OF CHILD 9. AGE (At time of this birth) 27 North Carolina MOTHER OF CHILD 14. AGE (At time of this birth) Cermany 15. BIRTHPLACE (state or foreign country) Time 15. BIRTHPLACE (state or foreign country) 16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (but of this birth) Cermany 16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (but of the still of this birth) Cermany 16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (but of the still of this birth) Cermany 16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (but of the still of the s						2. USUAL RESID			odos moths	r live?)
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Orderno 005

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21. SIGNATURE OF MEMBER BEING SEPARATED 22. OFFICIAL AUTHORIZED TO SIGN (Typed name, grade, title and signature)	51	
Christopher M. Derr		e, grade, title and signature)
	Derr	
SPECIAL ADDITIONAL INFORMATION (For use by authorized agencies only)		
23. TYPE OF SEPARATION 24. CHARACTER OF SERVICE (Include upgrades) Medical	N 24. CHARACTER OF SERVICE (In	clude upgrades)
25. SEPARATION AUTHORITY 26. SEPARATION CODE 27. REENTRY CODE	RITY 26 SEPARATION CODE	27. REENTRY CODE
E. REITHI GOL	Lo, derriving dobe	
28. NARRATIVE REASON FOR SEPARATION	FOR SEPARATION	
	DURING THIS PERIOD	30. MEMBER REQUESTS COPY 4
1	DURING THIS PERIOD	

Previous editions are obsolete.

SERVICE - 2

TIMS Clerk M2L1PTV Claimants Orderno:006_1 For Training Purposes Only V01
Case: APPENDIX B Orderno: 006 For Training Purposes Only. Date Rec'd:

						OMB Approved No. 2900-0098 Respondent Burden: 45 minutes
№ Department of Veterans	Affairs APPLICA		Under Pro	RS' AND DEPENDE revisions of Chapter 35 ached Information ar	, Title	
INTERNET VERSION AVAILABLE - Yo	ou may complete and send y	your application				
		I - APPLICA			_	
1A. NAME OF APPLICANT (FIRST-MIDDLE-	-LAST)	1B. SOCIAL SI	ECURITY N	UMBER OF APPLICANT	- 1	1C. DATE OF BIRTH OF APPLICANT
Kurt Neil Bordnder		000-00	-0043			02-15-86
2A. SEX OF APPLICANT		2B. APPLICAN				
MALE FEMALE 3A. RELATIONSHIP OF APPLICANT TO VE	TEDAN	Kurt.E		r@hfit.com		FD 4 - 1 - 5 - 1 - 1 - 1
SPOUSE SURVIVING SPOUS		DAY	3B. APF	PLICANT'S TELEPHONE		ER (Including Area Code) NING
STEPCHILD ADOPTED CHILD		(601) 45	3-6709		()
3C. MAILING ADDRESS OF APPLICANT (N	umber and street or rural ro					VA DATE STAMP (For VA Use Only)
8419 Parklane Blvd.						(101771000011)
Jackson, MS 39207						
'						
4. HAVE YOU RECEIVED AN INFORMATIO ✓ YES NO	N PAMPHLET EXPLAINING	SURVIVORS'	AND DEPE	NDENTS EDUCATIONAL	ASSIS	STANCE BENEFITS?
	ION CONCERNING DIS	ABLED OR D	ECEASED	VETERAN OR INDIV	IDUA	L ON ACTIVE DUTY
5A. NAME OF VETERAN OR INDIVIDUAL O						
Joseph Paul Bordner 5B. SOCIAL SECURITY NUMBER						
I			5C. VA FI	LE NUMBER (If known)		
000-00-0028 6. DATE OF BIRTH	7. BRANCH OF SERVICE		8. SERVIO	000 00 0028 . SERVICE NUMBER 9. DATE OF DEATH OR DATE LIS		
10-17-49	Air Force					AS MISSING IN ACTION OR P.O.W.
10-17-49						
10. IF YOU ARE THE SPOUSE OF A DISA				ERNING APPLICANT NDING?		
YES X NO						
11A. IF YOU ARE THE SURVIVING SPOUS REMARRIED SINCE HIS OR HER DEA'	SE OF A DECEASED VETE	RAN, HAVE YO	U	11B. SURVIVING SPOU	SE'S	AGE AT TIME OF REMARRIAGE
The state of the s						
NOTE - COMPLETE ITEM 12 ONLY IF	VOLLARE A CIVILIAN E	MPI OVEE O	ETHELLS	COVERNMENT		
12A. DO YOU EXPECT TO RECEIVE FUND	S FROM YOUR AGENCY O	OR DEPARTMEN	IT FOR	12B. SOURCE OF EDU	CATIC	NAL ASSISTANCE FROM GOVERNMENT
THE SAME COURSE FOR WHICH YOU ASSISTANCE? (If you check "Yes," show				EMPLOYMENT		
13. HAVE YOU EVER APPLIED FOR ANY C	F THE FOLLOWING VA BE	NEFITS? (Chec	k applicable	box(es)		
A. DISABILITY COMPENSATION OR PE						
B. DEPENDENTS' INDEMNITY COMPE	NSATION (DIC)					
C. VETERANS' EDUCATION ASSISTAN	NCE BASED ON YOUR OW	N SERVICE (Sp	ecify benefi	0		
D. VOCATIONAL REHABILITATION BE	NEFITS					
E. SURVIVORS' AND DEPENDENTS E	DUCATIONAL ASSISTANC	E (Complete Ite	ms 14A and	1 14B)		

VA FORM NOV 2005 22-5490

F. OTHER (Specify)

G. NONE

SUPERSEDES VA FORM 22-5490, JUN 2003, WHICH WILL NOT BE USED.

14A. NAME OF VETERAN ON WHOSE ACCOUNT YOU PREVIOUSLY CLAIMED BENEFITS 14B. VETERAN'S FILE NUMBER

TIMS Clerk M2L1PTV Claimants Orderno:007_1.1 For Training Purposes Only V01

Complete Item 14 only if you check Item 13E

Case: L1 POSTTEST VARIANT Orderno: 007 For Training Purposes Only. Date Rec'd:

	PART IV - APPLICANT'S MILITARY SERVICE								
15. HAVE YOU E OR subsequer	VER SERVED ON ACT	IVE DUT	TY IN THE ARMED	FORCES? (Inclu	ding an initial peri	iod of active	duty for training	for a period	d of 3 months or more
□YES □				, (,	,, ,				
		(Plea	16. INFORMAT	ION ABOUT YO	OUR PERIODS 16D for each p	OF ACTIV	/E DUTY our active duty))	
A. DATE E ACTIVE			TE SEPARATED M ACTIVE DUTY	C. E	BRANCH OF SER OR GUARD (D. CHARACTER OF DISCHARGE
	P	RT V	- PREVIOUS	EDUCATIO	N, TRAININ	G, AND	EMPLOYN	IENT	
	APPROPRIATE BOX		_	ITEM 17B	CHOOL	17B. DAT	E		
	TED FROM HIGH SCH	JOL		THIOLD HIGH	OTTOOL				
	TO GRADUATE	OL.	∐ GED						
	TENDED THOM COME		18. EDUCATION	(Include all ap	orenticeships a	nd on-the-	iob training)		
7/05.05	NAME AND LOCA	******	DATES OF		NUMBER	OF	DEGREE, DII	PLOMA.	MA 100 5151 D 00
TYPE OF SCHOOL	OF SCHOOL (City and State		FROM	то	OR CLOCK I COMPLE	HOURS	OR CERTIF RECEIV	ICATE	MAJOR FIELD OR COURSE OF STUDY
ELEMENTARY SCHOOL									
HIGH SCHOOL									
COLLEGE									
VOCATIONAL OR TRADE									
OTHER									
		_		19. EM	PLOYMENT				
EMP	LOYMENT		PRINCIPAL OCC	UPATION	NUMBER OF	MONTHS E			LICENSE OR RATING
			PART VI -	PROGRAM OF	EDUCATION	OR TRAIN	NING		
20A. DO YOU KN	IOW YOUR EDUCATION	NAL OR	CAREER GOAL?	(If "YES," please	specify)				
20B. HAVE YOU each diploma	SELECTED A SPECIF , vocational course, job f in Item 20A. If "NO," le	training	program, or test yo	ION? (If "YES," li- ou need to reach t	st below he	YES	⊠ NO		
goal specified	JII ILEIII 20A. II NO, I	ave biai	in)						
20C EDUCATION	N OR TRAINING WILL	DE DV. /	Charle more than a	no # nonnenna					
l IX 1	OR OTHER SCHOOL	DE D1: (Grieck more than o	ne ii necessary)					
	ICESHIP OR OTHER	N-THE-	JOB TRAINING						
	G OR CERTIFICATION								
	L ADMISSION EXAMS PONDENCE COURSE								
	OPERATIVE	Opouse	or surviving spous	e only)					

TIMS Clerk M2L1PTV Claimants Orderno:007_1.2 For Training Purposes Only V01

Case: L1 POSTTEST VARIANT Orderno: 007 For Training Purposes Only. Date Rec'd:

20D. HAVE YOU SELECTED YOUR SCHOOL OR TRAINING ESTABLISHMENT? (If you have selected a school, check "YES," and specify its complete name and mailing address. If you have not selected a school, check "NO." If you are only applying for reimbursement of test fees, skip to Item 21.	NAME AND ADDRESS OF SCHOOL OR TRAINING ESTABLISHMENT (Number and street or rural route, city or P.O., State and ZIP Code)
□ □	University of Alabama at Birmingham
X YES NO	1530 Third Avenue S.
	Birmingham, AL 35294
20E. DO YOU KNOW THE DATE YOU WILL BEGIN YOUR SCHOOLING OR TRAINING? (If, "YES," specify the date)	ANTICIPATED BEGINNING DATE (MONTH/YEAR) OF TRAINING
No	•
20F. ARE YOU A HANDICAPPED CHILD, 14 YEARS OR OLDER, SPOUSE, OR SURVIVING SPOUSE SEEKING SPECIAL RESTORATIVE TRAINING? (See Instructions)	20G. ARE YOU A HANDICAPPED CHILD, SPOUSE, OR SURVIVING SPOUSE SEEKING SPECIALIZED VOCATIONAL TRAINING? (See Instructions)
☐ YES ☒ NO	☐ YES ☑ NO
PART VII - ELECTIO	ON (CHILD ONLY)
IMPORTANT: You may not receive payments of Dependency and Indem dependent in a compensation claim while receiving Survivors' and Dependent INSTRUCTIONS BEFORE COMPLETING THIS ELECTION BLOCK. YELECTION WITH A VA COUNSELOR.	ents' educational assistance (DEA). CAREFULLY READ THE
21A. I CERTIFY THAT I understand the effects of an election to receive DEA benefits and that I elect to receive such benefits from the following date:	21B. DATE OF ELECTION
on this form to help us match your answers to the correct questions. If more space is no name and Social Security Number on each additional page)	
PART VIII - CERTIFICATION AND (All Applicants Must C	
I CERTIFY THAT all statements in my application are true and correct	t to the best of my knowledge and belief.
PENALTY : Willfully false statements as to a material fact in a claim fo in the forfeiture of these or other benefits and in criminal penalties.	
23A. SIGNATURE OF APPLICANT (Do NOT Print)	23B. DATE SIGNED
SIGN HERE IN INK ► Kirk Boardner	11-04-07
PART IX - SIGNATURE OF PAREN (This section must be completed)	
24A. NAME OF PARENT, GUARDIAN, OR CUSTODIAN (Type or print)	24B. TELEPHONE NUMBER AND MAIL ADDRESS OF PARENT, GUARDIAN, OR CUSTODIAN (Include Area Code),
25A. SIGNATURE OF (Check one) (DO NOT PRINT)	25B. DATE SIGNED
PARENT GUARDIAN CUSTODIAN	
SIGN HERE IN INK	

TIMS Clerk M2L1PTV Claimants Orderno:007_1.3 For Training Purposes Only V01

Case: L1 POSTTEST VARIANT Orderno: 007 For Training Purposes Only. Date Rec'd:

IDENTIFICATION PURPOSES		SAFE	GUARD II.			KENDER	FORM VOID
CEF	RTIFICATE OF RE	LEASE OR	DISCHARGE FROM	ACTIVE D	UTY		
NAME (Last, First, Middle)	2. DEP	ARTMENT, CO	MPONENT AND BRANCH		3. SOCI	AL SECURIT	Y NUMBER
Gonzales, Roberto J		S. Armv.			000		0059
4.a. GRADE , RATE OR RANK	b. PAY GRADE	5. DATE OF B	IRTH (YYYYMMDD)	6. RESERVI		ON TERMINA	
CPL	E4	19700	The same of the sa	(YYYYMA		080623	
7a. PLACE OF ENTRY INTO ACTIV	E DUTY	b. HOME OF	RECORD AT TIME OF EN	TRY (City and	State, or com	plete address i	f known)
Fort Benning, AL		Fort Be	enning				
8a. LAST DUTY ASSIGNMENT AND	MAJOR COMMAND		STATION WHERE SEPAR	ATED			
9. COMMAND TO WHICH TRANSFI	ERRED				10. SGLI C	OVERAGE	NONE
11. PRIMARY SPECIALTY (List num	her title and years and i	months in	12. RECORD OF SERVICE	:F		MONTH(S)	DAY(S)
specialty. List additional specialty i	numbers and titles invol	ving periods of	a. DATE ENTERED AD TH		TEX (IV)		D/ (I \ O /
one or more years.) 19K Armor Crew	RECEIVI	ED	b. SEPARATION DATE TH	IIS PERIOD			
19K Alliloi Crew			c. NET ACTIVE SERVICE 1				
	DEC 05, 20	007	d. TOTAL PRIOR ACTIVE e. TOTAL PRIOR INACTIV		-	├	
	VARO, MAIL AC	CTIVITY	f. FOREIGN SERVICE	E SERVICE	_	_	_
	ATLANTA,	GA	g. SEA SERVICE				
	4		h. EFFECTIVE DATE OF F	PAY GRADE	2004	04	18
 DECORATIONS, MEDALS, BAD RIBBONS AWARDED OR AUTH 			 MILITARY EDUCATION vear completed) 	ON (Course to	itle, number	of weeks, and	d month and
KIBBONS AWARDED OR AUT	N/A	or service)	year completed)		N/A		
			l .		1 // 1		
			l				
15a. MEMBER CONTRIBUTED TO	DOST VIETNAM EDA	VETERANIO E	DISCATIONAL ACCICTANO	E DDOODAL	, ,	YES	NO
b. HIGH SCHOOL GRADUATE O		VETERAN 5 E	DOCATIONAL ASSISTANC	EPROGRAM	*	YES	- NO
		OVIDED COME	PLETE DENTAL EXAMINAT	TION AND AL	LAPPROPR		YES NO
PAID			MENT WITHIN 90 DAYS PE				-
18. REMARKS							
The information contained herein is subje- purposes and to determine eligibility for, a	ot to computer matching w	ithin the Departm	ent of Defense or with any oth	er affected Fed	eral or non-Fed	deral agency for	r verification
19a. MAILING ADDRESS AFTER S	THE PERSON NAMED IN COLUMN 2 IS NOT THE OWNER.	THE RESIDENCE AND PERSONS ASSESSED.	b. NEAREST RELATI	NACO ALCO AND			
743 Hart Country Lane		Lip 0000)	D. NESSTED I REETIN	TE (Hame ar		moidde Lip e	
Augusta, GA 30901							
20. MEMBER REQUESTS COPY 6	BE SENT TO	DIRECT	OR OF VETERAN AFFAIR	S		YES	NO
21. SIGNATURE OF MEMBER BEIN			AUTHORIZED TO SIGN (7	yped name, g	grade, title ar	nd signature)	
Robert J. Gonza	ez	Robert					
					0.85 5 4 8 2 8 0 0		
23. TYPE OF SEPARATION	IAL ADDITIONAL II	NFORMATIO	N (For use by authoriz 24. CHARACTER OF SE			1	
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Previous editions are obsolete.

SERVICE - 2

TIMS Clerk M2L1PTV Claimants Orderno:008_1 For Training Purposes Only V01

Case: APPENDIX B Orderno:008 For Training Purposes Only. Date Rec'd:

APPLICATION FOR VA EDUCATION BENEFITS

RESPONDENT BURDEN: VA may not conduct or sponsor, and respondent is not required to respond to this collection of information unless it displays a valid OMB Control Number. Public reporting burden for this collection of information is estimated to average 35 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have comments regarding this burden estimate or any other aspect of this collection of information, call 1-888-GI-BILL-1 (1-888-442-4551) for mailing information on where to send your comments.

privacy act information: No benefits may be paid unless a completed application has been received (38 U.S.C. 3471). The information requested on this form is necessary to determine your eligibility to education benefits. The responses you submit are considered confidential (38 U.S.C. 5701), and may be disclosed outside VA only if the disclosure is authorized under the Privacy Act, including the routine uses identified in the VA system of records, 58VA21/22, Compensation, Pension, Education and Rehabilitation Records - VA, published in the Federal Register. Information submitted is subject to review through computer matching programs with other agencies for the purposes of eligibility verification and debt collection.

OMB Approved No. 2900-0154; Respond & Burden: 35 minutes Form Date: July 2000

RECEIVED

DEC 05, 2007

VARO, MAIL ACTIVITY
ATLANTA, GA

CERTIFICATION AND SIGNATURE OF APPLICANT

I CERTIFY THAT all statements in my application are true and complete to
the best of my knowledge and belief.

PENALTY: Willfully false statement as to a material fact in a claim for education benefits is a punishable offense and may result in the forfeiture of these or other benefits and in criminal penalties.

Dino Bonin

11-05-2006

SIGNATURE OF APPLICANT (DO NOT PRINT)

DATE SIGNED

PART II - CERTIFICATION FOR PERSONS ON ACTIVE DUTY I CERTIFY THAT this individual is a member of the branch of the Armed Forces shown below and has consulted with me regarding his/her education program.

SIGNATURE, TITLE AND BRANCH OF ARMED FORCES EDUCATION SERVICE OFFICER

DATE SIGNED

SSN:

Conf.#: Submission Date: VA Form 22-1990 (VONAPP) Page 8 of 8

TIMS Clerk M2L1PTV Claimants Orderno:009_1 For Training Purposes Only V01
Case: APPENDIX B Orderno: 009 For Training Purposes Only. Date Rec'd:

A FORM 22-199(

Department of Vete	erans Affair	s APPEA	L TO BOARD OF V	ETERANS' APPEALS
IMPORTANT: Read the attack representative in filling out this		before you fill ou	t this form. VA also encourage	s you to get assistance from your
1. NAME OF VETERAN (Last Name, First N	Name, Middle Initial)		2. CLAIM FILE NO. (Include prefix)	3. INSURANCE FILE NO., OR LOAN NO.
Cermack, Vernon Rudd	У		000 00 0063	
4. I AM THE:				
	RAN'S WIDOW/ER	☐ VETERANS	S CHILD VETERAN'S PARI	ENT
5. TELEPHON	T		6. MY ADDRESS IS: (Number & Street or Post Office Box, Cit.)	y. State & ZIP Code) RECEIVED
A. HOME (Include Area Code)	B. WORK (Include	e Area Code)		
662-451-3210	662-453-	1415	1415 Cardinal Drive	DEC 05, 2007
7. IF I AM NOT THE VETERAN, MY NAMI (Last Name, First Name, Middle Initial)	E IS:		Tupelo, MS 38801	VARO, MAIL ACTIVITY ATLANTA, GA 4
8. HEARING				
Appeals hearing. DO NOT USE TI Check one (and only one) of the foli A. I DO NOT WANT A BVA HE B. I WANT A BVA HEARING IN	HIS FORM TO REA lowing boxes: ARING. I WASHINGTON, D T A LOCAL VA OFF	QUEST A HEARING E	e attached instructions. This block is u BEFORE VA REGIONAL OFFICE PER BER, OR MEMBERS, OF THE BVA.	있으면 하면 있다면 있다면 하는 사람들이 많은 사람들이 가득하는 사람이 되었다. 그런 사람들이 가득하는 것이다.
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11. SIGNATURE OF PERSON MAKING T	HIS APPEAL	12. DATE	 SIGNATURE OF APPOINTED REF (Not required if signed by appellant. Si instructions.) 	
Vivian Carmack		10-20-2006	man itemotis.)	
VA FORM -			I.	

VA FORM
TIMS Clerk M2L1PTV Claimants Orderno:011_1 For Training Purposes Only V01

Case: APPENDIX B Orderno:011 For Training Purposes Only. Date Rec'd:

Authority For Tuition Assistance - Education Services Program AUTHORITY: 10 U.S.C. 8013 and EO 9397. PRINCIPAL PURPOSE: To process an individual's request for Air Force tuition assistance. Use of SSN is necessary to make positive identification of the individual and ROUTINE USES: Records may be disclosed to civilian schools for the purposes of ensuring correct enrollment and billing information. DISCLOSURE IS VOLUNTARY: Disclosure of SSN is voluntary; however, failure to provide the information required may result in disapproval of the individual's request for tuition assistance. RECEIVED Student Personal Data: LASTNAME - FIRSTNAME - MIDDLE INITIAL RANK SSAN DEC 05, 2007 Chavarin, Derrick L. 2LT Aug 18, 1999 000-00-008 VARO, MAIL ACTIVITY ORGANIZATION DUTY PHONE NAME OF SCHOOL ATLANTA, GA Aero Systems 720-451-1619Rollins University Student Enrollment Data: Code Course Title Hours Start Date **End Date** Level Pay Meth D 1900.00 DSY1101 Abnormal Behaviour 09-24-01 12-05-01 Total Course Cost Total Government Cost **Total Student Cost** Per Hour Cost Total Lab Fees \$1900.00 Conditions and Certifications I agree that no changes will be made in the above course or dollar amounts without the approval of the issuing education center staff; otherwise, I will pay the difference to the Air Force and/or the school. I understand that the Air Force will pay 75% of my tuition or fee. I agree to pay the remaining amount and any other costs and fees. I will reimburse the Air Force for the above amount if I fail to complete the course for reasons within my control. I hereby voluntarily authorize the amount to be withdrawn from my pay if it is determined that my failure to complete the course was not due to circumstances beyond my control. I authorize the release of academic information (course grades, completion status) by the above institution to the Air Force (PL 93-568). I agree to notify the education services office of degree completion or completion of 15 semester hour increments (or quarter hour equivalent) according to AFI 36-2305 for update of my military record. I understand that tuition assistance is not authorized for any course in which I am receiving reimbursement in whole or part under any other provision of the law where the payment would constitute a duplication of benefits from the U.S. Government (Veterans Administration (VA) Education Allowances, VEAP, etc.). I agree (officers only) to remain on active duty for at least 2 years following the end of the course. I understand that offers to repay Tuition Assistance after completing a course will not remove the ADSC. Only the Secretary of the Air Force or his designee may excuse my obligation to serve on active duty for the period specified on this agreement. Initial: I will inform my Commander and/or supervisor of my enrollment in the above course. If necessary I will disenroll from the above course before the first class meeting. DLC Signature of Applicant: Derrick L. Chavarin 07-15-01 Verification By MPF/ESO (Education Services Office) Initial: Approved. This applicant has been counseled and is considered qualified for the course. Eligibility is based on the certification above. Funds are available. Disapproved Because: Date: Signature of Education Services Officer Representative: Mail Invoices To: Accounting Classification: TA Doc# EEIC Master Account Amount to be involced:

AF Form 1227

APPLICATION FOR VA EDUCATION BENEFITS

RESPONDENT BURDEN: VA may not conduct or sponsor, and respondent is not required to respond to this collection of information unless it displays a valid OMB Control Number. Public reporting burden for this collection of information is estimated to average 35 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have comments regarding this burden estimate or any other aspect of this collection of information, call 1-888-GI-BILL-1 (1-888-442-4551) for mailing information on where to send your comments.

PRIVACY ACT INFORMATION: No benefits may be paid unless a completed application has been received (38 U.S.C. 3471). The information requested on this form is necessary to determine your eligibility to education benefits. The responses you submit are considered confidential (38 U.S.C. 5701), and may be disclosed outside VA only if the disclosure is authorized under the Privacy Act, including the routine uses identified in the VA system of records, 58VA21/22, Compensation, Pension, Education and Rehabilitation Records - VA, published in the Federal Register. Information submitted is subject to review through computer matching programs with other agencies for the purposes of eligibility verification and debt collection.

OMB Approved No. 2900-0154; Respond & Burden: 35 minutes Form Date: July 2000

RECEIVED

DEC 05, 2007

VARO, MAIL ACTIVITY ATLANTA, GA 4

CERTIFICATION AND SIGNATURE OF APPLICANT

I CERTIFY THAT all statements in my application are true and complete to
the best of my knowledge and belief.

PENALTY: Willfully false statement as to a material fact in a claim for education benefits is a punishable offense and may result in the forfeiture of these or other benefits and in criminal penalties.

Raymond Gray

09-16-2006

SIGNATURE OF APPLICANT (DO NOT PRINT)

DATE SIGNED

PART II - CERTIFICATION FOR PERSONS ON ACTIVE DUTY I CERTIFY THAT this individual is a member of the branch of the Armed Forces shown below and has consulted with me regarding his/her education program.

SIGNATURE, TITLE AND BRANCH OF ARMED FORCES EDUCATION SERVICE OFFICER

DATE SIGNED

SSN:

Conf.#: Submission Date: VA Form 22-1990 (VONAPP) Page 8 of 8

TIMS Clerk M2L1PTV Claimants Orderno: 014_1 For Training Purposes Only V01 Case: APPENDIX B Orderno: 014 For Training Purposes Only. Date Rec'd:

Department of Veterans Affairs Regional Processing Office



000-02-2004

To Whom It May Concern,

With reference to stop payment of the Montgomery GI Bill-Selected Reserve (Chapter 1606), I am writing this letter to inform the Department of Veterans Affairs that I the soldier totally disagree with the decision of possible repayment of benefits received after December 18, 2005.

The reasons I disagree is because on December 18, 2005 I was discharged from the Army National with a General Discharged under honorable conditions. Four months later, I voluntarily joined the Army Reserve on April 29, 2006 (1/319th 7th BDE 80th (DIV), 280 Mahone Avenue, Ft. Lee, VA). It was my understanding, because I was joining the Reserve under the exact same contract that nothing would change. I would either lose my educational benefits or have to repay any educational benefits received while in the National Guard or Reserve component. This was told to me by my recruiter SGT Edward P. Eitel. Later in the month of June 2007 I called the Department of Veterans Affairs to find out how many months I had remaining to be able to use my GI Bill. The customer service representative told me I had ten months of educational benefits remaining. Since I have become eligible for the Montgomery GI Bill, each college have attend has processed my paperwork every semester and The Department of Veterans Affairs has approved the paperwork each semester and deposited a check into my savings account each month. I had no knowledge what so ever that my educational benefits were supposed to be stopped effective December 18, 2005.

I am not disagreeing with whether or not my educational benefits should continue. I am disagreeing with repayment of my educational benefits. After receiving information my recruiter and the representative telling me the exact amount of months I was entitled to. How was I supposed to know? Do to know fault my own possible repayment my occur If payment of Montgomery GI -Bill Selected Reserve (Chapter 1606) benefits were stopped December 18, 2005, there is no reason why two years and four months later I am just receiving a letter informing me of the termination. If it was terminated on December 18, 2005 it should have been stopped December 18, 2005. Instead The Department of Veterans Affairs allowed me to use my educational benefits semester after semester and month after month. I did not fail as a soldier doing my job, the employees of the Department of Veterans Affairs and the Department of Defense failed on doing their jobs. There is absolutely no reason why I should be held accountable for that. Most importantly, I cannot afford to pay back the money received. I am currently enrolled in college. I cannot afford to pay back this as well as college loans.

I look forward to hearing from you soon.

Sincerely Yours,

Salomon Triday

Page 1 of 2

(Example of information needed.)

Application for Licensing and Certification Testing Fee Reimbursement

First-Middle -Last Nam Sylvia Rosa Santi	RECEIVED	Social Security No.: 000-00-0077 VA File No. (If Different): (For Proper Payment Of Benefits Dependents Must Use VA File No.)				
Mailing Address 371 Morgan Stree Tallahassee, FL 3		Home Telephone No. (Include Area Code) 850-763-1510 Work Telephone No. (Include Area Code) 850-777-9816				
Have you applied for VA Benefits Before? ☐ Yes ☒ No If no, please also complete VA form 22-1990 (Veteran) or VA form 22-5490 (Dependent) and submit it with this application. To request a copy of either form, call 1-800-827-1000.						
Name of Test		Name and Address of Organization Issuing License				
Name of Test Teaching Certifica	ate	Florida State Certification Board				
The position and solution that delete	ate					
Teaching Certifica Date Test Taken:	ate	Florida State Certification Board P.O. Box 1516				
Teaching Certification Date Test Taken: 07-15-06 Cost of Test: \$120.00		Florida State Certification Board P.O. Box 1516				
Teaching Certification Date Test Taken: 07-15-06 Cost of Test: \$120.00 I hereby authorize to		Florida State Certification Board P.O. Box 1516 Tallahassee, FL 32308 ormation to the Department of Veterans				
Teaching Certification Date Test Taken: 07-15-06 Cost of Test: \$120.00 I hereby authorize the Affairs.	he release of my test inf	Florida State Certification Board P.O. Box 1516 Tallahassee, FL 32308 formation to the Department of Veterans Not Print)				

Page 2 of 2 305/269 Report 1 of 1

Massachusetts Tests for Educator Licensure™

Test Date:

See reverse side for an explanation of how to read your score report.

TO:

Your scores have been sent to the Massachusetts Department of Education and the following Massachusetts institution: UMASS: Lowell

Test: 01 Communication and Literacy Skills							
Subtest: Reading Your Score: Status:	Min. Qualifying Score:	Subtest: Writing Your Score: Status:	Min. Qualifying Score				
Subarea Name Word Meaning Main Idea and Detail Writer's Purpose Idea Relationships Critical Reasoning		Subarea Name Mechanics Exercise Grammar and Usage Summary Exercise Composition Exercise					

	Tooti oo maanomaay		
Your Score:	Minimum Qualifying Score: Sta	itus:	
Number of Questions	Subarea Name		Graphic Display
11 to 20	Number Sense and Operations		
21 to 30	Patterns, Relations, and Algebra		
11 to 20	Geometry and Measurement		
11 to 20	Data Analysis, Statistics, & Probability		
11 to 20	Trig, Calculus, and Discrete Mathematics		
2	Integration of Knowledge and Understanding		

Test: 09 Mathematics

Examinee Name: Sylvia Rosa Santiago Social Security Number: 000-00-0077

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"NES®" and its logo are registered trademarks of National Evaluation Systems. Inc."

MA-SR-LASERO-03

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Rod Raposa							
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Previous editions are obsolete.

SERVICE - 2

TIMS Clerk M2L1PTV Claimants Orderno:019_1 For Training Purposes Only V01 Case: APPENDIX B Orderno:019 For Training Purposes Only. Date Rec'd:

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Kirk Miller						
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Previous editions are obsolete.

SERVICE - 2

TIMS Clerk M2L1PTV Claimants Orderno:022_1 For Training Purposes Only V01 Case: APPENDIX B Orderno:022 For Training Purposes Only. Date Rec'd:

CEF	RTIFICATE OF	RELEASE (OR DISCHARGE FROM	ACTIVE D	UTY	
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SPEC 23. TYPE OF SEPARATION	IAL ADDITION	AL INFORMAT	TION (For use by author 24. CHARACTER OF S			
End of Service			24. CHARACTER OF S	SERVICE (INCIL	ide upgrades)	
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29. DATES OF TIME LOST DURIN	G THIS PERIOD				 MEMBER REQUE: (Initials) 	STS COPY 4

Previous editions are obsolete.

SERVICE - 2

CERTIFICATE OF MARRIAGE

This Certifies That

Joshua R. Seelye	ands _{ara} vere united by me in	ah W. Kennedy RÉCEIVED
	RRÍAG	DEC 05, 2007 VARO, MAIL ACTIVITY ATLANTA, GA 4
on the 12th	day of May	in the year of Our
Lord One Thousand N	ine Hundred and _{Fif}	ty Four
at Southside Baptist Church	1	
Jim Kennedy Witnesses Elisa Jones	Officant William Title Reverence	

MARRAGE

000-02-2002

TIMS Clerk M2L1PTV Claimants Orderno:026_1 Training Purposes Only V01

Case: APPENDIX B Orderno: 026 For Training Purposes Only. Date Rec'd:

Department of V	Department of Veterans Affairs APPLICATION FOR VA EDUCATION BENEFITS (See attached Information and Instructions)					
INTERNET VERSION AVAILABLE - You may complete and send your application over the Internet at: www.gibill.va.gov						
PART I - APPLICANT AND BENEFIT INFORMATION						
(All Applicants Must Complete This Part)						
1A. NAME OF APPLICANT (First,	, Middle, Last)				E STAMP	
Eric Matthew Cra	In This Space)					
1B. SOCIAL SECURITY NUMBER 000-00-0091	R OF APPLICANT	1C. VA FILE	NUMBER (If previously assigned)	DEC 05,		
2A. APPLICANT'S ADDRESS (No digit ZIP code if known)	umber, street or rural route,	city or P.O., S	tate and ZIP Code) (Please provide 9	VADO :	2007	
1501 Broadway	Street			VARO, MAIL A	CTIVITY	
Gainesville, FL				ATLANTA,	GA	
2B. SEX OF APPLICANT	2C. APPLICANT'S DATE	OF BIRTH	2D. APPLICANT'S E-MAIL ADDRESS			
				APPLICANT'S TELEPHONE NUMBER (Include Area Code)		
(NAS			240	A. DAY	B. EVENING	
MALE FEMALE	08-22-81		emcrays01@yahoo.com			
4. DESCRIPTION OF VA ED	UCATION PROGRAMS	(Check (🗸) the box next to each benefit you wish	to apply for)		
 A. MONTGOMERY GI BII currently serving on active 	LL EDUCATIONAL ASS duty, you may be eligib	ISTANCE PI	ROGRAM (title 38, U. S. C., chapter 30). this benefit. Check the box to the right if	If you served or are you:		
 entered active duty for 	the first time after June	30, 1985, OF	1			
 were eligible to receive December 31, 1989, O 		Educational	Assistance (title 38, U.S.C., chapter 34) t	penefits on		
were discharged under	one of the qualifying se	paration pro	grams shown in the instructions, OR			
			lucational Assistance program commonly			
as VEAP (title 38, U.S.) in the instructions.	C., chapter 32) and elec	ted this bene	fit during one of the open window period	s shown		
in the moderation.						
B. MONTGOMERY GI BILL - SELECTED RESERVE EDUCATIONAL ASSISTANCE PROGRAM (title 10, U. S. C., chapter 1606). This benefit is based on Selected Reserve service (Reserve or National Guard). Check the box to the right if you had at least a six-year reserve obligation after June 30, 1985.						
(NOT						
C. RESERVE EDUCATIONAL ASSISTANCE PROGRAM (title 10, U.S.C., chapter 1607). This benefit is for a Reservist called to active duty to support contingency operations. Check the box to the right if you were called to active duty to support contingency or other specific operations.						
(NOT						
			TANCE PROGRAM commonly referred 2). Check the box to the right if you:	to as VEAP,		
served on active duty a	at any time from January	1, 1977 thro	ugh June 30, 1985, AND			
either contributed funds	s or had your service bra	nch make co	entributions for you.			
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
E. NATIONAL CALL TO S	ERVICE PROGRAM (til	le 10, U.S.C.	, chapter 31, section 510). Check the bo	ox to the right if you:		
entered on or after October 1, 2003 under the National Call to Service program, AND						
 selected one of the edu 						
Check this box to the right						
(If you checked this box, be sure to complete Part IV)						
F. THE "TRANSFER OF E						
 are a spouse or child of a person who qualified for the Montgomery GI Bill Educational Assistance Program (chapter 30), AND 						
believe that your parent	t or spouse transferred e	entitlement to	you			
	(If you checked this	s box, be sur	e to complete Part V)			

VA FORM MAY 2005 22-1990 SUPERSEDES VA FORM 22-1990, SEP 2003, WHICH WILL NOT BE USED.

PAGE 1 OF 6

DIRECT DEPOSIT INFORMATION Please send a voided personal check or provide the following information. Direct Deposit is not available for the Post-Vietnam Era Veterans' Educational Assistance Program (Chapter 32)						
A. TYPE OF ACCOUNT	• • • • • • • • • • • • • • • • • • • •					
CHECKING SAVINGS I DO NOT HAVE AN ACCOUNT						
B. NAME OF FINANCIAL INSTITUTION C. 9 DIGIT ROUTING OR TRANSIT NUM	MBER D. ACCOUNT NUMBER					
Bank of America 103422501	148423-07					
TYPE OF VA EDUCATION BENEFITS PREVIOUSLY APPLIED FOR? (Check all applicable boxes) A. VETERAN'S EDUCATION BENEFITS (Any of the VA benefits shown	PREVIOUS VETERAN'S EDUCATION BENEFITS					
in Item 4) (Specify benefit)	pecify benefit)					
	DEPENDENTS' EDUCATIONAL ASSISTANCE BENEFITS hapter 35) (Complete Items 7A and 7B)					
E. OTHER (Specify benefit) F. 1	NONE					
NOTE - COMPLETE ITEMS 7A AND 7B ONLY IF YOU CHECKED ITEM 6D 7A. NAME OF PARENT/SPOUSE (See Instructions) 7B. FILE NUM	BER OF PARENT/SPOUSE (See Instructions)					
78. FILE NUM	BER OF PARENT/SPOUSE (See Instructions)					
8. HAVE YOU RECEIVED AN INFORMATION PAMPHLET EXPLAINING THE EDUCATION BENEFIT O	R BENEFITS YOU ARE APPLYING FOR? (See Instructions)					
9. PROGRAM OF EDUCATION OR TE	RAINING					
A. DO YOU KNOW YOUR EDUCATIONAL OR CAREER GOAL? (If you know this goal, please specify. If you	do not know your goal, check "No" then skip to Item 9C.)					
YES NO						
B. HAVE YOU SELECTED A SPECIFIC PROGRAM OF EDUCATION? YES NO (If "Yes," list below each diploma, vocational course, job training program, or test you need to reach your educational or career goal that you indicated in Item 9A). If you have not selected a program, leave this item blank.)						
C. EDUCATION OR TRAINING WILL BE BY (Check more than one if necessary) COLLEGE OR OTHER SCHOOL CORRESPONDENCE COURSE	☐ TUITION ASSISTANCE TOP-UP					
I SEEK REIMBURSEMENT FOR A LICENSING APPRENTICESHIP OR ON-THE-JO OR CERTIFICATION TEST	DB					
NATIONAL ADMISSIONS EXAMS OR VOCATIONAL FLIGHT TRAINING						
D. HAVE YOU SELECTED YOUR SCHOOL OR TRAINING ESTABLISHMENT? YES NO	E. Complete Name and Address of School (Complete street address, city, state and ZIP code)					
(If you have selected a school, check "Yes," and specify its complete name and mailing address. If you have not selected a school, check "No.") If you are applying for reimbursement of test fees, don't answer this question. Skip to Item 10.)	Mercer University 1400 Coleman Avenue Macon, GA 321207-0003					
F. DO YOU KNOW THE DATE YOU WILL BEGIN YOUR SCHOOLING OR TRAINING? YES NO	G. Date (Month, Year) of anticipated beginning school or training					
(If you do know this date, check "Yes." Specify this date in Item 9G. If you do not know						
this date check "No.") H. DO YOU PLAN TO REPEAT ANY COURSE FOR WHICH YOU RECEIVED CREDIT? YES NO I. Information about repeated course						
(If "Yes," write in Item 9I the name of the course, when you originally took this course, and why you plan to repeat it.)						

NOTE - COMPLETE ONLY IF YOU ARE A CIVILIAN EMPLOYEE OF THE U.S. GOVERNMENT								
If you are on active military duty, skip question 10.								
10. DO YOU EXPECT TO RECEIVE FUNDS FROM YOUR AGENCY OR DEPARTMENT FOR THE SAME COURSE(S) FOR WHICH YOU EXPECT TO RECEIVE VA EDUCATIONAL ASSISTANCE?				Source of	Source of educational assistance from government employment:			
☐ YES ☐ NO (If "Yes," show the source of these funds)								
NOTE - COMPLETE ITEM 11 ONLY IF YOU ARE								
11. ARE YOU RECEIVING, OR DO YOU ANTICIPATE RECEIVING, ANY MONEY (Including but not limited to Federal Tuition Assistance) FROM THE ARMED FORCES OR PUBLIC HEALTH SERVICE FOR THE COURSE FOR WHICH YOU HAVE APPLIED TO VA FOR EDUCATION BENEFITS? IF YOU WILL RECEIVE SUCH BENEFITS, CHECK "YES" AND GIVE COMPLETE DETAILS INCLUDING THE SOURCE OF THE FUNDS. NOTE: IF YOU ARE ONLY APPLYING FOR TUITION ASSISTANCE TOP-UP, CHECK "NO"				Details	Details of educational assistance from the military:			
□YES ☑NO								
	12. EDUCA	TION AND	EMPLOYMENT IN	FORMAT	ION			
A. DID YOU GRADUATE FROM HIGH SCHOOL? (I graduated next to "Yes," and skip to Item 12C. If "No."		te you	B. IF YOU DID NOT HIGH SCHOOL E the requirements for	QUIVALEN	TE FROM HIGH SO NCY CERTIFICATE vate in the space prov	? (If "Yes	" write the date you completed	
X _{YES Date} May 16, 1999	lno		□YES	Date] _{NO}	
C. EDUCATION AFTER HIGH SCHO	OL (INCLUDE AL	L APPRENT	ICESHIP, ON-THE-J	OB TRAINI	NG, AND FLIGHT	TRAININ	G) (See Instructions)	
NAME AND LOCATION OF COLLEGE OR OTHER TRAINING PROVIDER (Include City and State)	`	F TRAINING	NUMBER OF SE QUARTER OF HOURS COM	CLOCK	DEGREE, DIPL OR CERTIFIC RECEIVED	ATE COURSE OF STUDY		
	FROM	10						
D. DO YOU HOLD ANY FAA FLIGHT CERTIFICATE	S? (If "Yes," list eac	:h						
certificate)			•					
YES NO								
	EMPLOYME	NT (Comple	ete ONLY if you serv	ed in the m	ilitary)			
EMPLOYMENT	PRINC	IPAL OCCI	JPATION		R OF MONTHS OCCUPATION		LICENSE OR RATING	
E. Before Entering Military Service	Stu	dent						
F. After Leaving Military Service	F. After Leaving Military Service							
PART II - SERVICE INFORMATION (All applicants must complete this part)								
A ARE YOU NOW ON ACTIVE DUTY OF ELLI LITE			DUTY INFORMAT		if authority for full	time Not	ional Guard duty is	
A. ARE YOU NOW ON ACTIVE DUTY OR FULL-TIME NATIONAL GUARD DUTY? (Send us a copy of your orders, if authority for full-time National Guard duty is title 32, U.S.C.) YES NO								
B. ARE YOU NOW ON TERMINAL LEAVE BEFORE DISCHARGE? (If yes, please provide the date you began your terminal leave) YES NO								
Date leave began: Date of expected discharge:								

PAGE 3 OF 6

		14. INFORMATION ABOUT Y	OUR PERIODS OF AC	TIVE DUTY					
Please complete Items	14A through 14f for each	period of your active duty. It wi			copy of your I	DD 214 (copy 4) for			
		Active Duty for Training)			,	211(60), 1,161			
A. DATE ENTERED ACTIVE DUTY	B. DATE SEPARATED FROM ACTIVE DUTY	C. BRANCH OF SERVICE OR RESERVE OR GUARD COMPONENT	D. CHARACTER OF DISCHARGE	ACTIVE DUT	RE YOU LY CALLED TO Y FOR THIS es," send copies orders) NO	F. IF THIS ACTIVE DUTY IS NATIONAL GUARD DUTY, INDICATE IF AUTHORITY IS TITLE 10 (Federal) OR TITLE .32 (State). (Send copies of any orders)			
1999	2005	Army	Honorable	120	X	0.00.07			
1000	2000	7 (1111y	Tioriorabic						
 Full time assig civilians; Attendance at 	 Attendance at a service academy; or Non-creditable time - (time lost because of industrial or agricultural furlough, arrest without acquittal, being AWOL, desertion, sentence of 								
	E ANY PERIODS OF RE	SERVE OR NATIONAL GUARD S	ERVICE THAT ARE NOT A	CTIVE DUTY?					
YES NO		formation about this service in Ite							
A ARE VOLUNOW IN T	16. PERIO HE RESERVE OR NATION	DDS OF RESERVE OR NATIO	NAL GUARD SERVICE	(NOT ACTIVE	DUTY)				
YES NO	HE RESERVE OR NATIO	AL GOARD?							
INFORMATION TO COMPLETE ITEM 16E:									
 Place "IRR" in Ite 	 Place "SR" in Item 16E for each period of reserve service if you were in the Selected Reserve (drilling status). Place "IRR" in Item 16E for each period of reserve service if you were in the Individual Ready Reserve. Place "IMA" in Item 16E for each period of reserve service if your were in the Individual Mobilization Augmentation. 								
B. DATE ENTERED RESERVE OR GUARD	C. DATE SEPARATED FROM RESERVE OR GUARD (If applicable)	D. RESERVE OR GUARD COMPONENT E. RESERVE STATUS (See abbreviations above)							
F. DO YOU QUALIFY FOR A "KICKER" BASED ON YOUR RESERVE ENLISTMENT? ("Kickers" are amounts contributed by DoD to an education fund on behalf of individuals to encourage enlistment or retention in the Reserve or National Guard forces, usually in specialized areas.) (IF YOU QUALIFY FOR A RESERVE "KICKER," CHECK "YES." IT MAY HELP IF YOU SEND VA A COPY OF THE "KICKER" CONTRACT) YES NO									
G. COMPLETE ONLY IF YOU ARE APPLYING FOR CHAPTER 1606 (you checked Item 4B). IF YOU ARE PARTICIPATING IN A SENIOR ROTC SCHOLARSHIP PROGRAM, DOES THAT PROGRAM PAY FOR YOUR TUITION, FEES, BOOKS AND SUPPLIES UNDER TITLE 10, U.S.C., SECTION 2107? (Do not include monthly subsistence allowance)									
YES NO									

PAGE 4 OF 6

BARTIN MONTOOMERY OF BUILDING					
PART III - MONTGOMERY GI BILL QUESTIONS (Complete this part only if you are applying for chapter 30 bene	fite)				
(Complete this part only if you are applying for chapter so bene					
QUESTIONS	YES	NO			
2020110110	(V)	(v)			
17A. DID YOU MAKE ADDITIONAL CONTRIBUTIONS WHILE ON ACTIVE DUTY (Sometimes referred to as "Buy-up") TO INCREASE THE AMOUNT OF MONTHLY MGIB BENEFITS PAYABLE? (If you made any additional contributions, you must check "YES" and send us a copy of the receipt of lump sum contribution or a copy of your Leave and Earnings Statement showing these additional contributions.	Х				
17B. IF YOU SERVED A PERIOD OF ACTIVE DUTY THAT THE DEPARTMENT OF DEFENSE COUNTS FOR PURPOSES OF REPAYING AN EDUCATION LOAN, PLEASE SHOW THE DATES OF THAT PERIOD OF ACTIVE DUTY: From To		х			
rion 10		+			
17C. DO YOU HAVE A DoD CONTRACT TO RECEIVE A "KICKER"? (Some military services call this the "college fund." "Kickers" are amounts contributed by DoD to an education fund on behalf of individuals to encourage enlistment or retention in the Armed forces, usually in specialized areas. If you qualify for a "kicker", check "Yes." It may help if you send us a copy of your kicker contract.		X			
COMMISSIONED OFFICER QUESTIONS		Х			
18A. DID YOU GRADUATE FROM A MILITARY SERVICE ACADEMY (e.g., West Point, Naval Academy, etc.)? (If "Yes," specify the month and year you graduated and received your commission) Graduation month and year:		^			
18B. WERE YOU COMMISSIONED AS THE RESULT OF PARTICIPATING IN A SENIOR ROTC (Reserve Officers Training Corps) SCHOLARSHIP PROGRAM? (If "Yes," show the date of your commission and the amount of your scholarship for each school year you were in the Senior ROTC program. Don't report your monthly subsistence allowance. If you received your commission through a Senior ROTC (non-scholarship) program, check "No.") Commission date:		Х			
Scholarship Amounts:					
Year: Amount:					
Year: Amount:					
V					
Year: Amount:					
Year: Amount:					
Year: Amount:					
MARITAL AND DEPENDENCY STATUS					
NOTE: COMPLETE THIS ITEM ONLY IF YOU CHECKED ITEM 4A AND HAVE MILITARY SERVICE JANUARY 1, 1977 (or delayed entry before January 2, 1978). See Instructions.	BEFORE				
QUESTIONS	YES	NO			
19A. ARE YOU CURRENTLY MARRIED?		X			
19B. DO YOU HAVE ANY CHILDREN WHO ARE: (1) UNDER AGE 18? OR		X			
(2) OVER 18 BUT UNDER AGE 23, NOT MARRIED AND ATTENDING SCHOOL? OR		X			
(3) OF ANY AGE AND PERMANENTLY INCAPABLE OF SELF-SUPPORT DUE TO MENTAL OR PHYSICAL DISABILITY?		X			
19C. IS EITHER YOUR FATHER OR MOTHER DEPENDENT UPON YOU FOR FINANCIAL SUPPORT?					
PART IV - NATIONAL CALL TO SERVICE QUESTIONS					
(Complete this part only if you are applying for this benefit) 20A. DID YOU SIGN AN ENLISTMENT CONTRACT WITH THE DEPARTMENT OF DEFENSE FOR THE NATIONAL CALL TO SE	RVICE PROGRAM?				
YES NO	Man the entire constant	and and the			
20B. DID YOU RECEIVE AN EDUCATIONAL ALLOWANCE INCENTIVE OPTION? (If "Yes," check the block in Item 20C that iden YES NO	titles the option you re	cerved)			
20C. WHICH VA EDUCATIONAL ALLOWANCE INCENTIVE OPTION DID YOU ELECT? (Check only one block below)					
EDUCATIONAL ALLOWANCE OF UP TO 12 MONTHS OF MONTGOMERY GI BILL BENEFITS (3-year rate) EDUCATIONAL ALLOWANCE OF UP TO 36 MONTHS OF MONTGOMERY GI BILL BENEFITS (1/2 the 2-year rate)					
NOTE: National Call to Service applicants must furnish VA a copy of DD Form 2863 (National Call to Service (NCS), Election of Options). This form is needed to document your eligibility and to confirm your incentive option.					

PAGE 5 OF 6

PART V - TRANSFER OF ENTITLEMENT QUESTIONS (Complete this part only if you are applying for this benefit)						
NOTE: This benefit requires (1) that the veteran's branch of military service authorized the veteran to transfer MGIB entitlement to his or her dependents, and (2) the veteran, in writing, transferred his or her current education benefits to you (specifying you by name).						
IMPORTANT: Only a spouse, surviving	ng spouse, or child of a veteran who ha	as transferred e	entitlement should complete	this information.		
21A. WHAT IS YOUR RELATIONSHIP TO ☐ SPOUSE ☐ SURVIVING		HO TRANSFERF	RED ENTITLEMENT TO YOU?			
	ationship as a spouse or child, have the	ne veteran comp	plete and send us VA Form 2	21-686c. See Instructions.		
21B. VETERAN OR SERVICE MEMBER'S			21C. VETERAN OR SEF	RVICE MEMBER'S SEX		
21D ADDRESS OF VETERAN OR SERVI	CE MEMBER WHO TRANSFERRED ENTIT	I EMENT TO YO	MALE FE	MALE		
	21D. ADDRESS OF VETERAN OR SERVICE MEMBER WHO TRANSFERRED ENTITLEMENT TO YOU					
21E. VETERAN OR SERVICE MEMBER'S	DATE OF BIRTH	21F. VETERAN	OR SERVICE MEMBER'S SOC	CIAL SECURITY NUMBER		
	EMPLOYMENT (IF N					
EMPLOYMENT	PRINCIPAL OCCUPATION	۱	NUMBER OF MONTHS IN THAT OCCUPATION	LICENSE OR RATING		
21G. JOB 1 (Since leaving high school)						
21H. JOB 2 (Since leaving high school)						
	ADT VI. CERTIFICATION AN	ID CICNATI	IDE OF ADDITIONT			
P	ART VI - CERTIFICATION AN					
(All applicants must complete this part) I CERTIFY THAT all statements in my application are true and correct to the best of my knowledge and belief. PENALTY - Willful false statements as to a material fact in a claim for education benefits is a punishable offense and may result in the forfeiture of these or other benefits and in criminal penalties. 23A. FULL NAME OF APPLICANT (PRINTED)						
Eric Matthew Crays						
23B. SIGNATURE OF APPLICANT (Do NO	T Print)) (Minor children must also have the	eir parent or guard	dian sign in this item)	23C. DATE SIGNED		
	sign Here IN INK ► Eric M. Crays 09–12–2006					
PART VII - CERTIFICATION FOR APPLICANTS ON ACTIVE DUTY (Have your Education Officer complete this part only if you are currently on active duty. This signature is not needed if you are on terminal leave) I CERTIFY THAT this individual is a member of the branch of the Armed Forces shown below and has consulted with me regarding his/her						
iducation program. IA. SIGNATURE, TITLE AND BRANCH OF SERVICE OF ARMED FORCES EDUCATION OFFICER 24B. DATE SIGNED						

PAGE 6 OF 6

CE	RTIFICATE OF R	ELEASE OF	R DISCHARGE FROM	ACTIVE D	UTY		
NAME (Lest, First, Middle) Crays, Eric Matthew Army		OMPONENT AND BRANCH	MPONENT AND BRANCH			Y NUMBER	
4.a. GRADE , RATE OR RANK	b. PAY GRADE		BIRTH (YYYYMMDD)	6. RESERV	000 E OBLIGATIO	00 ON TERMINA	0091
1st Lieutenant	02					50715	
7a. PLACE OF ENTRY INTO ACT	7a. PLACE OF ENTRY INTO ACTIVE DUTY b. HOME OF R			ITRY (City and	State, or com	plete address	if known)
Jacksonville, FL		1501 E	Broadway St., Gaine	esville, FL	32603		
8a. LAST DUTY ASSIGNMENT AN Ft. Gordon, GA	ID MAJOR COMMAND) l	b. STATION WHERE SEPAR Fort Gordon, GA	RATED			
9. COMMAND TO WHICH TRANS	FERRED				10. SGLI C AMOUN	OVERAGE NT: \$250 (000 00
11. PRIMARY SPECIALTY (List number, title and years and months in specialty. List additional specialty numbers and titles involving periods of				12. RECORD OF SERVICE		MONTH(S)	
one or more years.)	•	aving periods or	B. DATE ENTERED AD T B. SEPARATION DATE TI		1999 2005	02 07	01 15
63 B10 00 Light Vehicl	e Maintenance		c. NET ACTIVE SERVICE d. TOTAL PRIOR ACTIVE	THIS PERIOD	2000	, , , , , , , , , , , , , , , , , , ,	<u> </u>
			e. TOTAL PRIOR INACTI f. FOREIGN SERVICE				
			g. SEA SERVICE				
			h. EFFECTIVE DATE OF		2003	UZ	01
13. DECORATIONS, MEDALS, BA RIBBONS AWARDED OR AUT			14. MILITARY EDUCATI year completed)	ON (Course t	itle, number	of weeks, and	d month and
None	RECEI	VED	None				
	DEC 05,						
	VARO, MAIL	ACTIVITY					
	ATLANT	A, GA					
15a. MEMBER CONTRIBUTED TO	POST-VIETNAM ERA	A VETERAN'S	EDUCATIONAL ASSISTAN	CE PROGRAM	И	YES	X NO
b. HIGH SCHOOL GRADUATE						X YES	NO
		MBER WAS PROVIDED COMPLETE DENTAL EXAMINATION AND A ITAL SERVICES AND TREATMENT WITHIN 90 DAYS PRIOR TO SE				YES NO	
PAID 18. REMARKS				RIOR TO SEE	PARATION		^
The information contained herein is sub-	iect to computer matching	within the Denar	tment of Defense or with any of	ner affected Fed	eral or non-Fed	deral agency fo	r verification
The information contained herein is sub- purposes and to determine eligibility for 19a. MAILING ADDRESS AFTER							
1501 Broadway St.	SEPARATION (Include	ZIP COOB)	b. NEAREST RELATIVE (Name and address - include Zip Code)				
Gainesville, Fl 32603			Matt Oberdee	n 1530			
20. MEMBER REQUESTS COPY			TOR OF VETERAN AFFAIR			YES	NO
21. SIGNATURE OF MEMBER BE	ING SEPARATED	22. OFFICIAL	L AUTHORIZED TO SIGN (ryped name, g	grade, title ai	nd signature)	
Chr Stays							
SPE	CIAL ADDITIONAL	INFORMATION	ON (For use by authori	zed agencie	s only)		
23. TYPE OF SEPARATION				24. CHARACTER OF SERVICE (Include upgrades) Honorable			
25. SEPARATION AUTHORITY AR 635-200, LU			26. SEPARATION CODE LBK		27. REENT N/A	RY CODE	
28. NARRATIVE REASON FOR 8 Completion of Require	SEPARATION d Active Service						
29. DATES OF TIME LOST DURI			30. MEMBE (Initials	ER REQUEST	rs copy 4		

Previous editions are obsolete.

SERVICE - 2

CERTIFICATE OF MARRIAGE

This Certifies That

Wesley Paul Beland	and	Rachel Shannon Faye			
	were united by me in	RECEIVED			
	· ·	DEC 05, 2007			
M	ARRIAC	VARO, MAIL ACTIVITY ATLANTA, GA			
on the 19th	day of February	in the year of Our			
Lord One Thousand	Nine Hundred and	Eighty Six			
at First Methodist Church					
David Beland	Officant Steve E	lder			
Witnesses Paul Nichols	Title Revere	nd			

MARRAGE

000-02-2003

TIMS Clerk M2L1PTV Claimants Orderno:034_1 Training Purposes Only V01

Case: APPENDIX B Orderno: 034 For Training Purposes Only. Date Rec'd:

Authority For Tuition Assistance - Education Services Program AUTHORITY: 10 U.S.C. 8013 and EO 9397. PRINCIPAL PURPOSE: To process an individual's request for Air Force tuition assistance. Use of SSN is necessary to make positive identification of the individual and ROUTINE USES: Records may be disclosed to civilian schools for the purposes of ensuring correct enrollment and billing information. DISCLOSURE IS VOLUNTARY: Disclosure of SSN is voluntary; however, failure to provide the information required may result in disapproval of the individual's request for tuition assistance. Student Personal Data: RECEIVED LASTNAME - FIRSTNAME - MIDDLE INITIAL RANK DOS SSAN Jackson, Ester Ruth LT. 09-15-99 000-00-009 **DEC** 05, 2007 ORGANIZATION **DUTY PHONE** NAME OF SCHOOL VARO, MAIL ACTIVITY **NAVAIR** 407-312-6900 University of Central Florida ATLANTA, GA 4 Student Enrollment Data: Code Course Title Hours Start Date End Date Level Loc Cost Pay Meth C. M \$721 BJ02101 Advanced Biology 09-15-01 0 - 03 - 01Per Hour Cost Total Lab Fees Total Course Cost Total Government Cost **Total Student Cost** \$721.00 Conditions and Certifications I agree that no changes will be made in the above course or dollar amounts without the approval of the issuing education center staff; otherwise, I will pay the difference to the Air Force and/or the school. I understand that the Air Force will pay 75% of my tuition or fee. I agree to pay the remaining amount and any other costs and fees. I will reimburse the Air Force for the above amount if I fail to complete the course for reasons within my control. I hereby voluntarily authorize the amount to be withdrawn from my pay if it is determined that my failure to complete the course was not due to circumstances beyond my control. I authorize the release of academic information (course grades, completion status) by the above institution to the Air Force (PL 93-568). I agree to notify the education services office of degree completion or completion of 15 semester hour increments (or quarter hour equivalent) according to AFI 36-2305 for update of my military record. I understand that tuition assistance is not authorized for any course in which I am receiving reimbursement in whole or part under any other provision of the law where the payment would constitute a duplication of benefits from the U.S. Government (Veterans Administration (VA) Education Allowances, VEAP, etc.). I agree (officers only) to remain on active duty for at least 2 years following the end of the course. I understand that offers to repay Tuition Assistance after completing a course will not remove the ADSC. Only the Secretary of the Air Force or his designee may excuse my obligation to serve on active duty for the period specified on this agreement. Initial I will inform my Commander and/or supervisor of my enrollment in the above course. If necessary I will disenroll from the above course before the first class meeting. Signature of Applicant: Ester Jackson 08-03-01 Verification By MPF/ESO (Education Services Office) Initial: Approved. This applicant has been counseled and is considered qualified for the course. Eligibility is based on the certification above. Funds are available. Disapproved Because: Signature of Education Services Officer Representative: Date: Mail Invoices To: Accounting Classification: EEIC Master Account TA Doc# Amount to be invoiced:

AF Form 1227

Case: APPENDIX B Orderno: 035 For Training Purposes Only. Date Rec'd:

DENTI TONTON PON POES		O/II E	SOARD II.		KENDE	CI OKIII VOID
CEF	RTIFICATE OF RE	LEASE OR	DISCHARGE FROM	ACTIVE D	UTY	
NAME (Last, First, Middle)	2. DEP	ARTMENT, CO	MPONENT AND BRANCH		3. SOCIAL SECUR	ITY NUMBER
Porter, Michael J.			eld Artillery	2	000 00	0053
4.a. GRADE , RATE OR RANK	b. PAY GRADE	5. DATE OF B	IRTH (YYYYMMDD)	6. RESERVE	E OBLIGATION TERMIN	IATION DATE
SSG	E6	196905	13	(YYYYMA	(DD) 20071221	
7a. PLACE OF ENTRY INTO ACTIV	E DUTY	b. HOME OF I	RECORD AT TIME OF EN	TRY (City and	State, or complete addres	s if known)
A. LACT BUTY ACCIONIST AND			ATITION WILEDE AFOID	1750		
8a. LAST DUTY ASSIGNMENT AND	MAJOR COMMAND	D.	STATION WHERE SEPAR	AIED		
9. COMMAND TO WHICH TRANSFI	EBBEN				10. SGLI COVERAGE	NONE
B. COMMAND TO WITCH TRANSPI	LINED				AMOUNT: \$	INOINE
11. PRIMARY SPECIALTY (List num	ber, title and years and r	months in	12. RECORD OF SERVICE	CE	YEAR(S) MONTH(S	B) DAY(S)
specialty. List additional specialty	numbers and titles invol	ving periods of	a. DATE ENTERED AD TH	IIS PERIOD		
one or more years.)	ation Coopialist		b. SEPARATION DATE TH	IIS PERIOD		
13E Cannon Fire Dire	ction Specialist		c. NET ACTIVE SERVICE	THE RESERVE THE PERSON NAMED IN		
			d. TOTAL PRIOR ACTIVE	desirable seators and the seat		
			e. TOTAL PRIOR INACTIV	/E SERVICE		
			f. FOREIGN SERVICE			↓
			g. SEA SERVICE h. EFFECTIVE DATE OF I	DAY OBADE		+
40 050004710110 4450410 040	050 0171710110 111				<u> </u>	<u> </u>
 DECORATIONS, MEDALS, BAD RIBBONS AWARDED OR AUTH 			 MILITARY EDUCATION year completed) 	ON (Course to		
	N/A	,	,,	N	I/A RECEIV	/ED
0				1.5		
					DEC 05, 2	007
					VARO, MAIL AC	
					ATLANTA,	HIVITY
					4	JA
15a. MEMBER CONTRIBUTED TO	POST-VIETNAM ERA	VETERAN'S EI	DUCATIONAL ASSISTANC	E PROGRAM	M YES	NO.
b. HIGH SCHOOL GRADUATE O	R EQUIVALENT				YES	NO.
16. DAYS ACCRUED LEAVE 17	7. MEMBER WAS PR	OVIDED COMP	LETE DENTAL EXAMINA	TION AND AL	L APPROPRIATE	YES NO
PAID	DENTAL SERVICES	S AND TREATM	MENT WITHIN 90 DAYS P	RIOR TO SEP	PARATION	$\overline{}$
18. REMARKS						
A secretary of many and a second						
The information contained herein is subje- purposes and to determine eligibility for, a	ct to computer matching w and/or continued complian	vithin the Departm ce with the requir	ent of Defense or with any oth ements of a Federal benefit pr	er affected Fede ogram.	eral or non-Federal agency	for verification
19a. MAILING ADDRESS AFTER SI	EPARATION (include 2	Zip Code)	b. NEAREST RELAT	IVE (Name ar	nd address - include Zip	Code)
1000 A			The second control of			
20. MEMBER REQUESTS COPY 6	BE SENT TO	DIRECT	OR OF VETERAN AFFAIR	!S	YES	NO NO
21. SIGNATURE OF MEMBER BEIN	IG SEPARATED	22. OFFICIAL /	AUTHORIZED TO SIGN (7	yped name, g	grade, title and signature	a)
Michael Porter			751 ×	W. P.C. 100 (1).0	5 55	300
SPEC	IAL ADDITIONAL II	NFORMATIO	N (For use by authoriz	ed agencie	s only)	
23. TYPE OF SEPARATION			24. CHARACTER OF SE			
Medical			34 CO			
25. SEPARATION AUTHORITY			26. SEPARATION CODE		27. REENTRY CODE	
	0.					
28. NARRATIVE REASON FOR SE	PARATION					
29. DATES OF TIME LOST DURIN	G THIS PERIOD				30. MEMBER REQUE	STS COPY 4
29. DATES OF TIME LOST DURIN	O THIS FERIOD			- 1	(Initials)	313 COPT 4

DD FORM 214, FEB 2000

Previous editions are obsolete.

SERVICE - 2

TIMS Clerk M2L1PTV Claimants Orderno:037_1 For Training Purposes Only V01 Case: APPENDIX B Orderno:037 For Training Purposes Only. Date Rec'd:

Department of Veterans Affairs Regional Processing Office



000-02-2005

To Whom It May Concern,

With reference to stop payment of the Montgomery GI Bill-Selected Reserve (Chapter 1606), I am writing this letter to inform the Department of Veterans Affairs that I the soldier totally disagree with the decision of possible repayment of benefits received after December 18, 2005.

The reasons I disagree is because on December 18, 2005 I was discharged from the Army National with a General Discharged under honorable conditions. Four months later, I voluntarily joined the Army Reserve on April 29, 2006 (1/319th 7th BDE 80th (DIV), 280 Mahone Avenue, Ft. Lee, VA). It was my understanding, because I was joining the Reserve under the exact same contract that nothing would change. I would either lose my educational benefits or have to repay any educational benefits received while in the National Guard or Reserve component. This was told to me by my recruiter SGT Edward P. Eitel. Later in the month of June 2007 I called the Department of Veterans Affairs to find out how many months I had remaining to be able to use my GI Bill. The customer service representative told me I had ten months of educational benefits remaining. Since I have become eligible for the Montgomery GI Bill, each college have attend has processed my paperwork every semester and The Department of Veterans Affairs has approved the paperwork each semester and deposited a check into my savings account each month. I had no knowledge what so ever that my educational benefits were supposed to be stopped effective December 18, 2005.

I am not disagreeing with whether or not my educational benefits should continue. I am disagreeing with repayment of my educational benefits. After receiving information my recruiter and the representative telling me the exact amount of months I was entitled to. How was I supposed to know? Do to know fault my own possible repayment my occur If payment of Montgomery GI -Bill Selected Reserve (Chapter 1606) benefits were stopped December 18, 2005, there is no reason why two years and four months later I am just receiving a letter informing me of the termination. If it was terminated on December 18, 2005 it should have been stopped December 18, 2005. Instead The Department of Veterans Affairs allowed me to use my educational benefits semester after semester and month after month. I did not fail as a soldier doing my job, the employees of the Department of Veterans Affairs and the Department of Defense failed on doing their jobs. There is absolutely no reason why I should be held accountable for that. Most importantly, I cannot afford to pay back the money received. I am currently enrolled in college. I cannot afford to pay back this as well as college loans.

I look forward to hearing from you soon.

Sincerely Yours,

Priscila D. Burrell

						22	OMB Approve Respondent Bu	ed No. 2900-0098 irden: 45 minutes
Department of Veterans	Affairs APPLICAT		Under Pro	RS' AND DEPEND ovisions of Chapter 3: ached Information a	5, Title	38,U.S.C		SSISTANCE
INTERNET VERSION AVAILABLE - You	may complete and send y	our application	over the In	ternet at: www.gibill.va	.gov			
		I - APPLICA						
1A. NAME OF APPLICANT (FIRST-MIDDLE-	LAST)	1B. SOCIAL SI	ECURITY N	UMBER OF APPLICANT		IC. DATE O	F BIRTH OF A	PPLICANT
Alvin David Anderson		000-00-0043			05-19-81			
2A. SEX OF APPLICANT		2B. APPLICAN		1 100 000 000 000				
MALE FEMALE 3A. RELATIONSHIP OF APPLICANT TO VET	TERAN	adand		@yahoo.com				
SPOUSE SURVIVING SPOUSE		DAY	38. APP	PLICANT'S TELEPHONE	EVE		ng Area Code)	1
STEPCHILD ADOPTED CHILD	M ormes	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	8-3350	ľ	1)		
3C. MAILING ADDRESS OF APPLICANT (No	mber and street or rural rou				+	, v	A DATE STAN	MP.
952 Douglas Avenue Atlanta, GA 30334						(F	DEC VARO, MA	CEIVED 05, 2007 AILACTIVITY NTA. GA
4. HAVE YOU RECEIVED AN INFORMATION	PAMPHLET EXPLAINING	SURVIVORS'	AND DEPEN	DENTS EDUCATIONAL	ASSIS	TANCE BE	NEFITS?	4
YES NO								
	ON CONCERNING DIS					THE RESERVE THE PROPERTY OF THE PERSON NAMED IN COLUMN TWO	IVE DUTY	
5A. NAME OF VETERAN OR INDIVIDUAL OF		SE ACCOUNT B	ENEFITS A	RE CLAIMED (FIRST- N	IIDDLE	-LAST)		
Nathaniel Charles Ander	rson		SC VA EII	LE NUMBER (If known)				
000-00-0032			000 00 0032					
6. DATE OF BIRTH	7. BRANCH OF SERVICE		SERVICE NUMBER 9. DATE OF DEATH OR DATE LISTED					
02-11-56	Marines					AS MISSING IN ACTION OR P.O.W.		ON OR P.O.W.
	PART III - SPECIAL	INFORMATIO	ON CONC	ERNING APPLICAN	Г			
10. IF YOU ARE THE SPOUSE OF A DISAB	BLED VETERAN, IS A DIVO	RCE OR ANNU	LMENT PE	NDING?				
YES NO								
11A. IF YOU ARE THE SURVIVING SPOUS REMARRIED SINCE HIS OR HER DEAT	E OF A DECEASED VETE H ?	RAN, HAVE YO	U	11B. SURVIVING SPOUSE'S AGE AT TIME OF REMARRIAGE				
YES X NO								
NOTE - COMPLETE ITEM 12 ONLY IF								
12A. DO YOU EXPECT TO RECEIVE FUNDS THE SAME COURSE FOR WHICH YOU ASSISTANCE? (If you check "Yes," show	EXPECT TO RECEIVE VA	EDUCATIONAL		12B. SOURCE OF EDI EMPLOYMENT	JCATIC	NAL ASSIS	TANCE FROM	1 GOVERNMENT
13. HAVE YOU EVER APPLIED FOR ANY O	E THE FOLLOWING VA RE	NEETS? (Chec	rk annlinable	hov(es)				
A. DISABILITY COMPENSATION OR PE		SACT TO TONO	к аррисамс	box(esy				
B. DEPENDENTS' INDEMNITY COMPE	NSATION (DIC)							
C. VETERANS' EDUCATION ASSISTAN	CE BASED ON YOUR OW	N SERVICE (Sp	ecify benefit	0				
D. VOCATIONAL REHABILITATION BEN	IEFITS							
E. SURVIVORS' AND DEPENDENTS ED	DUCATIONAL ASSISTANCE	E (Complete Itel	ms 14A and	I 14B)				

VA FORM NOV 2005 22-5490

F. OTHER (Specify)

G. X NONE

SUPERSEDES VA FORM 22-5490, JUN 2003, WHICH WILL NOT BE USED.

14A. NAME OF VETERAN ON WHOSE ACCOUNT YOU PREVIOUSLY CLAIMED BENEFITS 14B. VETERAN'S FILE NUMBER

TIMS Clerk M2L1PTV Claimants Orderno:040_1.1 For Training Purposes Only V01 Case: APPENDIX B Orderno: 040 For Training Purposes Only. Date Rec'd:

Complete Item 14 only if you check Item 13E

			PART IV -	APPLIC	CANT	'S MILITAR	RY SER	VICE			
15. HAVE YOU E OR subseque	VER SERVED ON A	ACTIVE DUT	TY IN THE ARMED ng of 6 months or r	FORCES? (nore) (If "NO	(Includi O," skip	ng an initial peri	od of active	duty for training art V)	for a period	i of 3 months or more	
YES D	☐ YES ☐ NO										
		(Plea	16. INFORMAT se complete Iten	ION ABOU ns 16A thro	JT YOU	JR PERIODS 6D for each p	OF ACTIV	/E DUTY our active duty)			
A. DATE ACTIVE			TE SEPARATED MACTIVE DUTY		C. BR	RANCH OF SER OR GUARD O				D. CHARACTER OF DISCHARGE	
		PART V	- PREVIOUS	EDUCA	TION	, TRAININ	G, AND	EMPLOYN	IENT		
17A. CHECK THI	E APPROPRIATE B	OX AND EN	TER THE DATE IN	ITEM 17B			17B. DATI	.			
GRADUA*	TED FROM HIGH S	CHOOL	DISCON	NTINUED HI	IGH SC	HOOL					
EXPECT:	TO GRADUATE		GED								
☐ NEVER A	TTENDED HIGH SO	CHOOL									
			18. EDUCATION	(Include al	ll appr	enticeships ar	nd on-the-j	ob training)			
7/75 05	NAME AND LO	CATION	DATES OF	TRAINING		NUMBER		DEGREE, DII	PLOMA.		
TYPE OF SCHOOL	OF SCHO (City and Si		FROM	то		SEMESTER, Q OR CLOCK I COMPLE	HOURS	OR CERTIF RECEIV	ICATE	MAJOR FIELD OR COURSE OF STUDY	
ELEMENTARY SCHOOL											
HIGH SCHOOL											
COLLEGE											
VOCATIONAL OR TRADE											
OTHER											
				19.	. EMPL	LOYMENT					
EMP	LOYMENT		PRINCIPAL OCC	UPATION	ON NUMBER OF MONTHS EMPLOYED IN THAT OCCUPATION		LICENSE OR RATING				
			PART VI -	PROGRA	M OF I	EDUCATION	OR TRAIN	IING			
20A. DO YOU KN	OW YOUR EDUCA	TIONAL OR	CAREER GOAL?	(If "YES," ple	lease sp	pecify)					
20B. HAVE YOU	SELECTED A SPEC a, vocational course, d in Item 20A. If "NO	CIFIC PROG	RAM OF EDUCAT program, or test yo	ION? (If "YE ou need to re	S," list each the	below e ►	YES	X NO			
godi oposino		, loave blan									
20C. EDUCATIO	N OR TRAINING W		Check more than o	ne if necess	ary)						
	OR OTHER SCHO		IOD TO LUNC								
	ICESHIP OR OTHE G OR CERTIFICAT		JOB TRAINING								
	L ADMISSION EXAL		IONAL EXAMS FO	R CREDIT							
	CORRESPONDENCE COURSE (Spouse or surviving spouse only) FARM COOPERATIVE										

	THE REPORT OF COURSE OF THE PROPERTY OF THE PR
20D. HAVE YOU SELECTED YOUR SCHOOL OR TRAINING ESTABLISHMENT? (If you have selected a school, check "YES," and specify its complete name and mailing address. If you have not selected a school, check "NO." If you are only applying for reimbursement of test fees, skip to Item 21.	NAME AND ADDRESS OF SCHOOL OR TRAINING ESTABLISHMENT (Number and street or rural route, city or P.O., State and ZIP Code)
₩ YES NO	University of Colorado at Boulder
XI YES LI NO	20 UCB Boulder, CO 80309-0020
20E. DO YOU KNOW THE DATE YOU WILL BEGIN YOUR SCHOOLING OR	ANTICIPATED BEGINNING DATE (MONTH/YEAR) OF TRAINING
TRAINING? (If, "YES," specify the date) No	*
20F. ARE YOU A HANDICAPPED CHILD, 14 YEARS OR OLDER, SPOUSE, OR SURVIVING SPOUSE SEEKING SPECIAL RESTORATIVE TRAINING? (See Instructions)	20G. ARE YOU A HANDICAPPED CHILD, SPOUSE, OR SURVIVING SPOUSE SEEKING SPECIALIZED VOCATIONAL TRAINING? (See Instructions)
☐ YES ☑ NO	☐ YES ☑ NO
PART VII - ELECTIO	ON (CHILD ONLY)
IMPORTANT: You may not receive payments of Dependency and Indem	unity Compensation (DIC) or Pension and you may not be claimed as a
dependent in a compensation claim while receiving Survivors' and Depend INSTRUCTIONS BEFORE COMPLETING THIS ELECTION BLOCK. YELECTION WITH A VA COUNSELOR.	ents' educational assistance (DEA). CAREFULLY READ THE
21A. I CERTIFY THAT I understand the effects of an election to receive DEA benefits and that I elect to receive such benefits from the following date:	21B. DATE OF ELECTION
22. REMARKS (Use this space to provide information that does not fit elsewhere on this for	orm or that will help VA process your claim. Refer to the item numbers
on this form to help us match your answers to the correct questions. If more space is name and Social Security Number on each additional page)	
PART VIII - CERTIFICATION AND (All Applicants Must C	
I CERTIFY THAT all statements in my application are true and correct	t to the best of my knowledge and belief.
PENALTY: Willfully false statements as to a material fact in a claim for in the forfeiture of these or other benefits and in criminal penalties.	or education benefits is a punishable offense and may result
23A. SIGNATURE OF APPLICANT (Do NOT Print)	23B. DATE SIGNED
sign here ► Alvin Anderson	10-25-07
PART IX - SIGNATURE OF PAREN (This section must be comple	
24A. NAME OF PARENT, GUARDIAN, OR CUSTODIAN (Type or print)	24B. TELEPHONE NUMBER AND MAIL ADDRESS OF PARENT, GUARDIAN, OR CUSTODIAN (Include Area Code),
	OR CUSTODIAN (Include Area Code),
25A. SIGNATURE OF (Check one) (DO NOT PRINT)	25B. DATE SIGNED
PARENT GUARDIAN CUSTODIAN	
SIGN HERE IN INK	

(Example of information needed.)

Application for Licensing and Certification Testing Fee Reimbursement

First-Middle	-Last Name	of Applicant
--------------	------------	--------------

Harold Lebron Brown

Social Security No.: 000-00-0048

VA File No. (If Different): 000 00 0048

(For Proper Payment Of Benefits Dependents Must

Use VA File No.)

Mailing Address

44 Oregon Trail Clemson, SC 29632 RECEIVED

DEC 05, 2007

VARO, MAIL ACTIVITY

ATLANTA, GA

4

Home Telephone No. (Include Area Code)

864-331-4450

Work Telephone No. (Include Area Code)

864-721-1819

Have you applied for VA Benefits Before? ☐ Yes ☒ No

If no, please also complete VA form 22-1990 (Veteran) or VA form 22-5490 (Dependent) and submit it with this application.

To request a copy of either form, call 1-800-827-1000.

Name of Test

Math 2. Learning Disability Specialist

Date Test Taken:

04-10-06

Name and Address of Organization Issuing License

South Carolina Test for Learning Disability Specialist License P.O. Box 1400 Charleston, SC 29401

Cost of Test:

\$150.00

C450 00

I hereby authorize the release of my test information to the Department of Veterans Affairs.

Date Signed

Signature of Applicant (Do Not Print)

05-01-06

Harold Brown

Please return this form and a copy of your test results to the VA Office which handles

Massachusetts Tests for Educator Licensure™

Test Date:

See reverse side for an explanation of how to read your score report.

TO:

Your scores have been sent to the Massachusetts Department of Education and the following Massachusetts institution: UMASS: Lowell

Test: 01 Communication and Literacy Skills Subtest: Reading Subtest: Writing Your Score: Min. Qualifying Score: Your Score: Min. Qualifying Score: Status: Status: Subarea Name Graphic Display Subarea Name Graphic Display Mechanics Exercise. Word Meaning..... Grammar and Usage.. Main Idea and Detail... Summary Exercise. Writer's Purpose..... Composition Exercise Idea Relationships...... Critical Reasoning..... Study Skills.....

ı		rest: 09 mathematics	
١.	Your Score:	Minimum Qualifying Score: Status:	
Ι΄	Number of Questions	Subarea Name	Graphic Display
l	11 to 20	Number Sense and Operations	
L	21 to 30	Patterns, Relations, and Algebra	
	11 to 20	Geometry and Measurement	
l	11 to 20	Data Analysis, Statistics, & Probability	
l	11 to 20	Trig, Calculus, and Discrete Mathematics	
	2	Integration of Knowledge and Understanding	

Tact: 00 Mathematics

Examinee Name: Harold Lebron Brown

Social Security Number: 000-00-0048

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MA-SR-LASERO-03

				OMB Approved No. 2900-0098 Respondent Burden: 45 minutes			
2 Department of Veterans	Affairs APPLICATION FOR	(Under Pro	RS' AND DEPENDEN visions of Chapter 35, 7 ched Information and				
INTERNET VERSION AVAILABLE - You	may complete and send your application	on over the Int	ernet at: www.gibill.va.go	v			
	PART I - APPLIC						
1A. NAME OF APPLICANT (FIRST-MIDDLE-L	AST) 1B. SOCIAL	SECURITY N	UMBER OF APPLICANT	1C. DATE OF BIRTH OF APPLICANT			
Belle Kayln Stocker	10.500000000000000000000000000000000000	00-0037		03-16-85			
2A. SEX OF APPLICANT		ANT'S E-MAIL					
MALE FEMALE	bksto		ahoo.com				
3A. RELATIONSHIP OF APPLICANT TO VET SPOUSE SURVIVING SPOUSE		3B. APP		UMBER (Including Area Code)			
	144	00 5740		EVENING			
3C. MAILING ADDRESS OF APPLICANT (Nu		26-5713	P Code)	VA DATE STAMP			
1516 Eden Circle Hoover, AL 35224				RECEIVED NOV, 20 2007 VARO, MAIL ACTIVITY ATLANTA, GA			
4. HAVE YOU RECEIVED AN INFORMATION	PAMPHLET EXPLAINING SURVIVORS	S' AND DEPEN	IDENTS EDUCATIONAL A	SSISTAN CE BENEFITS ⁴			
YES NO				_			
PART II - INFORMATIO	ON CONCERNING DISABLED OR	DECEASED	VETERAN OR INDIVID	DUAL ON ACTIVE DUTY			
5A. NAME OF VETERAN OR INDIVIDUAL ON	ACTIVE DUTY ON WHOSE ACCOUNT	FBENEFITS A	RE CLAIMED (FIRST- MID	DLE -LAST)			
Brian Jeffrey Stocker 5B. SOCIAL SECURITY NUMBER							
5B. SOCIAL SECURITY NUMBER		5C. VA FIL	E NUMBER (If known)				
000-0-0041			000 00 0041				
6. DATE OF BIRTH	7. BRANCH OF SERVICE	8. SERVIC	 DATE OF DEATH OR DATE LISTED AS MISSING IN ACTION OR P.O.W. 				
07-12-52	Marines			AS MISSING IN ACTION ON P.S.W.			
	PART III - SPECIAL INFORMA	TION CONC	ERNING APPLICANT	*			
10. IF YOU ARE THE SPOUSE OF A DISAB	LED VETERAN, IS A DIVORCE OR ANI	NULMENT PE	NDING?				
YES NO							
11A. IF YOU ARE THE SURVIVING SPOUS REMARRIED SINCE HIS OR HER DEATH	E OF A DECEASED VETERAN, HAVE Y H ?	rou	11B. SURVIVING SPOUS	E'S AGE AT TIME OF REMARRIAGE			
YES NO							
NOTE - COMPLETE ITEM 12 ONLY IF	YOU ARE A CIVILIAN EMPLOYEE	OF THE U.S	. GOVERNMENT				
12A. DO YOU EXPECT TO RECEIVE FUNDS THE SAME COURSE FOR WHICH YOU ASSISTANCE? (If you check "Yes," show	EXPECT TO RECEIVE VA EDUCATION		12B. SOURCE OF EDUCATIONAL ASSISTANCE FROM GOVERNMEN EMPLOYMENT				
☐ YES ☑ NO							
13. HAVE YOU EVER APPLIED FOR ANY OF	THE FOLLOWING VA BENEFITS? (C)	neck applicable	box(es)				
A. DISABILITY COMPENSATION OR PE	NSION						
B. DEPENDENTS' INDEMNITY COMPEN	ISATION (DIC)						
C. VETERANS' EDUCATION ASSISTAN	CE BASED ON YOUR OWN SERVICE (Specify benefit					
D. VOCATIONAL REHABILITATION BEN	EFITS						

VA FORM NOV 2005 22-5490

F. OTHER (Specify)

G. NONE

SUPERSEDES VA FORM 22-5490, JUN 2003, WHICH WILL NOT BE USED.

14A. NAME OF VETERAN ON WHOSE ACCOUNT YOU PREVIOUSLY CLAIMED BENEFITS 14B. VETERAN'S FILE NUMBER

E. SURVIVORS' AND DEPENDENTS EDUCATIONAL ASSISTANCE (Complete Items 14A and 14B)

TIMS Clerk M2L1PTV Claimants Orderno:042_1.1 For Training Purposes Only V01 Case: L1 POSTTEST VARIANT Orderno: 042 For Training Purposes Only. Date Rec'd:

Complete Item 14 only if you check Item 13E

			PART IV -	APPLICA	ANT'S MILITAI	RY SER	VICE		
15. HAVE YOU E OR subseque	15. HAVE YOU EVER SERVED ON ACTIVE DUTY IN THE ARMED FORCES? (Including an initial period of active duty for training for a period of 3 months or more OR subsequent periods of active duty for training of 6 months or more) (If "NO," skip this part and continue to Part V)								
YES I	YES NO								
	16. INFORMATION ABOUT YOUR PERIODS OF ACTIVE DUTY (Please complete Items 16A through 16D for each period of your active duty)								
	A. DATE ENTERED B. DATE SEPARATED C. BRANCH OF SERVICE OR RESERVE D. CHARACTER OF ACTIVE DUTY OR GUARD COMPONENT DISCHARGE								
		PART V	- PREVIOUS	EDUCAT	ION, TRAININ	G, AND	EMPLOYN	IENT	
17A. CHECK THE	17A. CHECK THE APPROPRIATE BOX AND ENTER THE DATE IN ITEM 17B 17B. DATE								
☐ GRADUAT	TED FROM HIGH S	CHOOL	DISCON	NTINUED HIGH	H SCHOOL				
EXPECT	TO GRADUATE		GED						
☐ NEVER A	TTENDED HIGH SO	CHOOL							
		-	18. EDUCATION	(Include all a	apprenticeships ar	nd on-the-	iob training)		
7/05 05	NAME AND LO	CATION	DATES OF	TRAINING	NUMBER		DEGREE, DI	PLOMA.	
TYPE OF SCHOOL	OF SCHO (City and S	OL	FROM	то	SEMESTER, Q OR CLOCK I COMPLE	HOURS	OR CERTIFICATE RECEIVED		MAJOR FIELD OR COURSE OF STUDY
ELEMENTARY SCHOOL									
HIGH SCHOOL									
COLLEGE									
VOCATIONAL OR TRADE									
OTHER									
				19. E	MPLOYMENT				
EMP	LOYMENT		PRINCIPAL OCC	UPATION	ON NUMBER OF MONTHS EMPLOYED IN THAT OCCUPATION		LICENSE OR RATING		
			PART VI -	PROGRAM	OF EDUCATION	OR TRAIN	NING		
20A. DO YOU KN	OW YOUR EDUCA	ATIONAL OR	CAREER GOAL?	(If "YES," plea	ase specify)				
20B. HAVE YOU	SELECTED A SPE a, vocational course, d in Item 20A. If "NO	CIFIC PROG	RAM OF EDUCAT program, or test yo	ION? (If "YES, ou need to read	," list below ch the	☐ YES	K NO		
goal specifie	d in item 20A. If 'NC)," leave blan	ik)						
20C. EDUCATIO	N OR TRAINING W		Check more than o	ne if necessar)	y)				
	OR OTHER SCHO		IOD TO LINING						
	'ICESHIP OR OTHE G OR CERTIFICAT		JOB TRAINING						
	L ADMISSION EXA		IONAL EXAMS FO	R CREDIT					
	□ CORRESPONDENCE COURSE (Spouse or surviving spouse only) □ FARM COOPERATIVE								

PART VIII - CERTIFICATION AND S (All Applicants Must Co I CERTIFY THAT all statements in my application are true and correct of the period o	mplete This Part) to the best of my knowledge and belief. education benefits is a punishable offense and may result 23B. DATE SIGNED
(All Applicants Must Co I CERTIFY THAT all statements in my application are true and correct PENALTY: Willfully false statements as to a material fact in a claim for in the forfeiture of these or other benefits and in criminal penalties. 23A. SIGNATURE OF APPLICANT (Do NOT Print) SIGN HERE	mplete This Part) to the best of my knowledge and belief. education benefits is a punishable offense and may result
(All Applicants Must Co I CERTIFY THAT all statements in my application are true and correct PENALTY: Willfully false statements as to a material fact in a claim for in the forfeiture of these or other benefits and in criminal penalties.	mplete This Part) to the best of my knowledge and belief. education benefits is a punishable offense and may result
(All Applicants Must Co I CERTIFY THAT all statements in my application are true and correct PENALTY: Willfully false statements as to a material fact in a claim for in the forfeiture of these or other benefits and in criminal penalties.	mplete This Part) to the best of my knowledge and belief.
(All Applicants Must Co	mplete This Part) to the best of my knowledge and belief.
(All Applicants Must Co	mplete This Part)
name and Social Security Number on each additional page)	
22. REMARKS (Use this space to provide information that does not fit elsewhere on this form on this form to help us match your answers to the correct questions. If more space is nee	
21A. I CERTIFY THAT I understand the effects of an election to receive DEA benefits and that I elect to receive such benefits from the following date:	▶
ELECTION WITH A VA COUNSELOR.	21B. DATE OF ELECTION
INSTRUCTIONS BEFORE COMPLETING THIS ELECTION BLOCK. YO	
IMPORTANT: You may not receive payments of Dependency and Indemn dependent in a compensation claim while receiving Survivors' and Depender	
PART VII - ELECTION	(CHILD ONLY)
YES NO	YES NO
20F. ARE YOU A HANDICAPPED CHILD, 14 YEARS OR OLDER, SPOUSE, OR SURVIVING SPOUSE SEEKING SPECIAL RESTORATIVE TRAINING? (See Instructions)	20G. ARE YOU A HANDICAPPED CHILD, SPOUSE, OR SURVIVING SPOUSE SEEKING SPECIALIZED VOCATIONAL TRAINING? (See Instructions)
No	OOC ARE VOLLA MANIPIOARRED CHILD CROURE OR CURWINING
TRAINING? (If, "YES," specify the date)	•
20E, DO YOU KNOW THE DATE YOU WILL BEGIN YOUR SCHOOLING OR	ANTICIPATED BEGINNING DATE (MONTH/YEAR) OF TRAINING
	Tuscaloosa, AL 35487-0100
☑ YES □ NO	University of Alabama Box 870100
	,
20D. HAVE YOU SELECTED YOUR SCHOOL OR TRAINING ESTABLISHMENT? (If you have selected a school, check "YES," and specify its complete name and mailing address. If you have not selected a school, check "NO." If you are only applying for reimbursement of test fees, skip to Item 21.	NAME AND ADDRESS OF SCHOOL OR TRAINING ESTABLISHMENT (Number and street or rural route, city or P.O., State and ZIP Code)

OMB Control No. 2900-0073

torm.					Responden	t Burden; 10 m	inutes		
M Departme	ent of Veterans	Affairs							
		TIFICATION FOR	TRAINING OTHE	ER THAN APP	RENTICESHIP O	R	Side		
		I-THE-JOB, FLIGI					A		
(Under Ch		, Title 38, U.S.C.; Chap				5-342)			
Con		ONLY if you are certi				m 5.			
(U	se the reverse si	ide for Apprenticesh	ip, Other On-The-Jo	ob, Flight, or Cor	respondence training	g.)			
Pull out 1. NAME OF STUDEN		erse before completi	-	this form. Ensur	re that VA Copy 1 is hapter 35, include suffix. For	on top.	_		
Vera Robin			RECEIVED	transferability cases	, enter the veteran's social s	ecurity number)			
3. CURRENT ADDRES			2007	NAME OF A STREET OF STREET	000 00 0078 4. SOCIAL SECURITY NUMBER OF STUDENT (If not entered in				
	and Avenue	1	DEC 05, 2007	Item 2 above)		i noi omerco m			
	s, FL 34644	N/	ARO, MAIL ACTIVITY	000-00-0	078				
5. TYPE OF TRAINING	3		AILA	. NAME OF PROGRA	AM				
=	ATE COLLEGE DEGRI	=	ATIVE 4	HVAC Tra	aining				
GRADUATE OR PROFESSIONA		HIGH SCHOOL	(Not Farm)	7A. CREDIT FOR PRE			_		
NON-COLLEGE	DEGREE	GUEST STUDE		A. CREDIT FOR FRE	EVICOS TRAINING				
W		(Supplemental S		N/A					
7B. IS STUDENT MAT	RICULATED AT YOUR	FACILITY? (For VA purpos	es, a student is matriculated	when formally admitte	d as a degree seeking stude	nt)			
YES NO									
			ENROLLMENT DA	TA					
		9. CREDIT HOUR CREDIT HOURS TAKEN	NON-CREDIT	10. CLOCK	11. CHARGES	12. TRAININ	IG TIME		
8. ENROLLMENT E (Month, D		IN RESIDENCE,	REMEDIAL/	HOURS	FOR PERIODS	(Gradua Advan			
	,	INDEPENDENT STUDY OR TV	DEFICIENCY/ REFRESHER	PER WEEK	OF INSTRUCTION	Professional			
A. BEGIN	B. END	A. HOURS	B. HOURS	HOURS	TUITION & FEES	Progra	ım)		
09-06	09-08	48		16	\$60/hour				
	13. AE	DITIONAL INFORMATION				TEME			
A. HIGH SCHOOLS AS school units for which	PPROVED ON A UNIT th the student is enrolle	BASIS (Enter the number of			rsuing course concurrently varaging at least 40 hours per		/		
John Simo ISI William	THE STATE OF THE S	-,							
ADVANCE	AVMENT DEOL	IFOT (Note: Adve		NO	d		- 1		
	UEST AN	UEST - (Note: Adva 14A. SIGNATURE OF		ot an accelerate	14B. DATE S		5.)		
	E PAYMENT	Vera Car	lson		09-0	9-07			
	2200 AL 1	ACCELERATED PA	YMENT REQUES	T (Chapter 30 C	nly)				
Leaguest accolors	(Note - A	ccelerated payment y that I intend to seek e	is not an advance	payment.) (See I	Instructions.)	onco Tachno	logice		
Optoelectronics, (Computers and Tele	ecommunications, Electr	onics, Computer-integra	ated Manufacturing,	Material Design, Aeros	space, Weapo	ns, or		
Nuclear Technolog 15A. SIGNATURE OF		1000 000 000 000 000 000 000 000 000 00			15B. DATE SIGNED				
16. REMARKS					-				
			Les nous m	UD ADDDESS OF COL	TOACT COLICOL OR POAL	ICILI COATION			
NOTE - Complete school or are give	Item 17 only if count in at a branch locati	se(s) are contracted out to on other than shown in are taken at a branch or 266(c).	to another 17. NAME AT	ND ADDRESS OF CON	ITRACT SCHOOL OR BRAI	NCH LOCATION	4		
Do not complete I of a school as defi	tem 17 if course(s) a ned in 38 CFR 21.42	are taken at a branch or 266(c).	extension						
		S SECTION ON ATTACH		OMPLETING ITEMS	S 18A THROUGH 18E B	ELOW.			
		provisions described	in paragraphs (1) t	through (13) on t	the attached sheet a				
	CERTIFYING OFFICIA		18B. SCHOOL	NAME AND ADDRESS		127			
				est Palm Beach	hnology 2410 Metr	ocentre			
18C TELEPHONE NII	MBER OF CERTIFYIN	G OFFICIAL	18D. DATE SIG		No. 8. J. ATLANT WILLIAM SHOWS	CILITY CODE			
	THE THE PERSON OF THE PERSON O	SC SCI J. 1561/38:	100.0412.010	ri medir	102.74	STATE OF STATE			
VA FORM 22-4	1999	SUPERSEDE:	S VA FORM 22-1999, MAR	2003,		VA C	OPY 1		

WHICH WILL NOT BE USED.

TIMS Clerk M2L1PTV Claimants Orderno:044_1 For Training Purposes Only V01 Case: APPENDIX B Orderno: 044 For Training Purposes Only. Date Rec'd:

OMB Control No. 2900-0073 Respondent Burden: 10 minutes

form.					R	espondent I	3urden: 10 mi	nutes
M Departme	ent of Veterans	Affairs						
ENRO	LLMENT CER OTHER ON	TIFICATION FOR T	T, OR CORRE	SPONDENCE T	RAINING			Side A
(Under Ch		, Title 38, U.S.C.; Chapte				c Law 96-3	342)	^
(U	nplete this side C se the reverse s	MPORTANT - COMPL DNLY if you are certify ide for Apprenticeship erse before completin	ring attendance for On-The-	or those types of Job, Flight, or Cor	training show respondence	training	.)	
1. NAME OF STUDEN		oros poros o comprous	g tilo ottlol oldo	2. VA FILE NO. (For or transferability cases	hapter 35, include	suffix. For d	hapter 30	
Anna Diane				000 00 00	058			
3. CURRENT ADDRES	ss of STUDENT Street West Pa	ılm Beach		4. SOCIAL SECURITY Item 2 above)	Y NUMBER OF ST		The state of the s	
FL 33401	olicet West Fa	iiiii beacii,		000-00-0	058	RE	CEIVE	
5. TYPE OF TRAINING				6. NAME OF PROGR.	AM		05, 200	
GRADUATE OF PROFESSIONA		HIGH SCHOOL		HVAC		VARO, N	MAILACTIV	(ITV
NON-COLLEGE		COOPERATIVE (N	r	7A. CREDIT FOR PRI	EVIOUS TRAININ	a ATL	MAIL ACTIV ANTA, GA	""[
		(Supplemental Sch	12.22 F	N/A			11	
7B. IS STUDENT MAT	TRICULATED AT YOUR	R FACILITY? (For VA purposes	s, a student is matriculat	led when formally admitte	d as a degree see	king student)	
LI 123 KAINO		El	NROLLMENT DA	ATA	20 100		S-11-1-11-11	
		9. CREDIT HOUR C					12. TRAININ	IG TIME
8. ENROLLMENT EFFECTIVE DATES (Month, Day, Year)		CREDIT HOURS TAKEN IN RESIDENCE, INDEPENDENT STUDY OR TV	NON-CREDIT REMEDIAL/ DEFICIENCY/ REFRESHER	10. CLOCK HOURS PER WEEK	11. CHAR FOR PERI OF INSTRU	ODS	(Gradua Advano Professi	te or ced ional
A. BEGIN	B. END	A. HOURS	B. HOURS	HOURS	TUITION & FEES		Progra	m)
09-06	09-08	49		16	\$45/hc	our		
		DITIONAL INFORMATION						
A. HIGH SCHOOLS A school units for whice	PPROVED ON A UNIT th the student is enrolle	BASIS (Enter the number of hi d)		-OP ONLY - Is student puricultural employment av				5
ADVANCE F	PAYMENT REQ	UEST - (Note: Advan	ice payment is r	not an accelerate	d payment.)	(See In:	structions	s.)
	UEST AN E PAYMENT	► 14A. SIGNATURE OF ST	TUDENT		14E	B. DATE SIG	SNED	
ABTAITS	A-100 A1 1	ACCELERATED PA	YMENT REQUE	ST (Chapter 30 C	nly)	1		
I request accelera Optoelectronics, (Nuclear Technology	ited payment. I certification of the computers and Tele	Accelerated payment in fy that I intend to seek emperonmunications, Electron	ployment in one of t	he following industries	s: Biotechnology	, Life Scie n, Aerosp	nce Techno ace, Weapo	logies, ins, or
15A. SIGNATURE OF					15B. DATE S	SIGNED		
16. REMARKS								
NOTE - Complete school or are give Do not complete I of a school as defi	Item 17 only if counter at a branch locati tem 17 if course(s) and in 38 CFR 21.42	se(s) are contracted out to ion other than shown in Ite are taken at a branch or ex 266(c).	another em 18B. xtension	AND ADDRESS OF COM	ITRACT SCHOOL	OR BRANC	HLOCATION	
		S SECTION ON ATTACHE						
		provisions described i		ntrough (13) on L NAME AND ADDRESS a Tech Melbou			e cerunea	
Josh John	AND THE PARTY OF T	o orsiolal	465 615-	NONES.		Trop ere	17/0000	
18C. TELEPHONE NU	IMBER OF CERTIFYIN	G OFFICIAL	18D. DATE S 9/9/0			18E. FACI	LITY CODE	
VA FORM 22-	1999	SUPERSEDES	VA FORM 22-1999, MA				VA C	OPY 1

TIMS Clerk M2L1PTV Claimants Orderno:045_1 For Training Purposes Only V01
Case: APPENDIX B Orderno: 045 For Training Purposes Only. Date Rec'd: